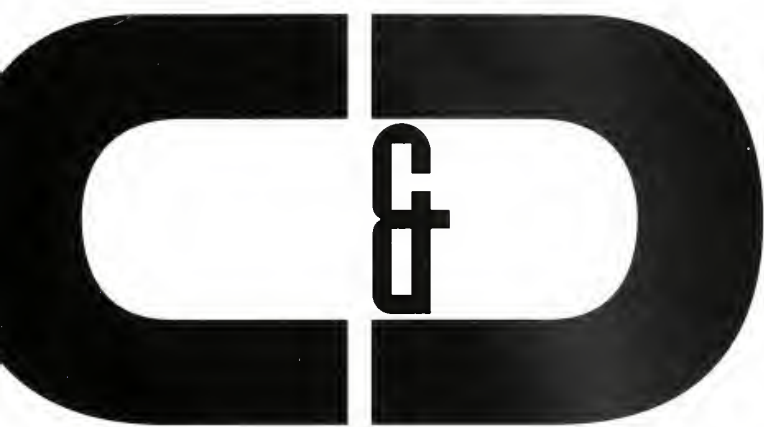




1 March 2003

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**MPs rebut OFT
report in letter
to ministers**

**Free condoms
for under 20s
piloted in Lincs**

**Winners and
losers with the
congestion tax**

**The hormonal
influences in
women's health**





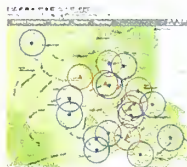
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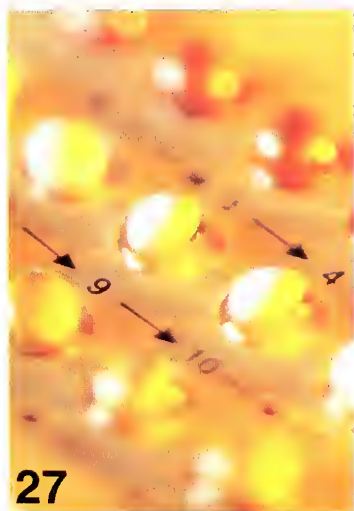
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CMP

United Business Media



MPs report on OFT claims to ministers

A parliamentary group of over 100 MPs has written to ministers at the Departments of Health and Trade & Industry to outline its views on the OFT report into pharmacy control of entry regulations.

The All-Party Pharmacy Group says that although it agrees with the OFT that competition, innovation and quality improvements are important measures of progress, it questions whether abolishing the current control of entry regulations will be conducive to achieving them.

"Abolition would be a radical step. We are not convinced that it is the right way forward. We believe it would result in an increase in out-of-town supermarket pharmacies, and in pharmacies owned by GPs...neighbourhood pharmacies would be squeezed by these developments," says the APPG.

"We are looking to

policymakers to achieve the outcomes we all wish to see through a planned and managed service, since pharmacy is principally a frontline part of the NHS and should not be regarded as part of the retail sector."

Key recommendations are that:

- the DoH works together with the NHS Confederation, on behalf of PCTs and with the PSNC, on behalf of the community pharmacy sector, to identify ways of achieving improved access, more choice, service development, competition, and quality improvements
- problems caused by the current control of entry arrangements are identified and proposals developed for resolving them
- consequent changes to control of entry take place in the context of changes to the national contractual arrangements
- the DoH commits itself to an implementation date for the new

national contract; and

- ministers announce their decision as quickly as possible to remove uncertainty.

The APPG report highlights areas such as access, competition, innovation, GP ownership of pharmacies and bureaucracy, all of which were raised at its recent debate involving NPA chief executive John D'Arcy and Asda's superintendent pharmacist John Evans (*C&D*, February 15, p5).

- Scottish Liberal Democrat health spokesman, Margaret Smith, has highlighted the threat faced by community pharmacies in light of the OFT report.

"The importance of local community pharmacies, particularly in rural and deprived areas, should not be underestimated," she said in the Scottish Parliament.

However, she added: "I am confident that the Partnership Executive will deliver a robust

Keep up the pressure

Despite the February 28 deadline for submitting responses on the OFT report, the NPA is urging pharmacists in England to keep up the lobbying activity.

It suggests continuing to raise awareness among the public, encouraging them to write to their MPs, the Departments of Health and Trade & Industry, local councillors and the media. The NPA sent out a pack to its members last week including a model petition form and is reporting great feedback.

defence of community pharmacies in its response to the OFT report and that it will put the many people of Scotland who are reliant on these pharmacies first."

SURVEY

Census results go online

The results of the Royal Pharmaceutical Society's census of members was due to be posted on the Society's website after *C&D* went to press.

Information should include a socio-demographic profile of the membership, employment sector and working pattern of pharmacists. All pharmacists on the Register were included as of August 2002, and there was a useable response rate of 86 per cent.

The Society's practice research division "commissioned the census to provide information that could be used to describe the current workforce and to analyse trends to inform future planning in subsequent years", said a spokesman on Tuesday. "The census will be used to provide the foundation for significant areas of future work at the Society in both professional and regulatory areas."

Go to the 'practice research' section of www.rpsgh.org.uk.

Update MCQ enclosed

This week's issue contains the MCQ for the following Pharmacy

Update articles published in February:

- Sip feeds (1260)
- Rheumatoid arthritis part 1 (1261)
- RA part 2 (1262).

Pharmacy Update is a distance learning programme accredited



by the College of Pharmacy Practice. Previous modules can be accessed on www.dotpharmacy.com.

Further information about enrolling is available from Mary Prebble on 01732 377269.

The Pharmacy Update MCQ and phone marking service are supported by Genus Pharmaceuticals.

PRACTICE

Xenical PGD set up for pharmacy

Community pharmacists will be able to supply the anti-obesity drug Xenical (orlistat) without a prescription later this year, after Roche announced it was involved in developing a patient group direction for the drug.

The Xenical PGD will be used by pharmacists as part of a weight management clinic and is expected to be ready by April 1.

Roche's healthcare programmes manager Deborah Chapman said that initially there would be three or four pilot sites in England and Scotland for the weight management clinics, and that discussions with primary care trusts regarding funding for the PGD were currently underway. Payment options under discussion include a fee per patient or a fixed fee per year for the service, said Ms Chapman.

The first clinic is due to begin in April at Elora Chemist in South



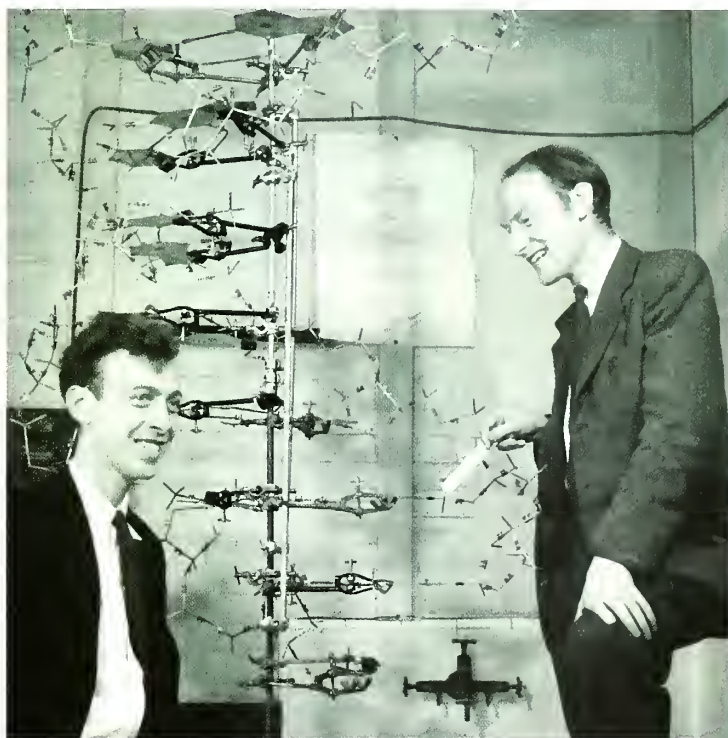
The first clinic to supply Xenical via PGD should begin in April

Benfleet in Essex.

Heidi Wright, Essex Community Pharmacy Practice Development Unit manager, said the clinic would cover weight management and CHD risk assessment. Audit results at three and six months will be presented to the local PCT in a bid to secure funding for the Xenical PGD.

However, both Roche and Pfizer will partly fund the scheme for the first six months.

Discovery of the DNA double helix



CRICK (L) AND WATSON (R) WITH THEIR DNA MODEL. PHOTOGRAPH BY ANTHONY BARRINGTON BROWN

Fifty years ago, on February 28, 1953, Francis Crick announced that he and his colleague James Watson had "discovered the secret of life". A week later they finally finished their model showing the structure of DNA – a spidery construction of metal rods and plates clamped into position some six feet tall. To celebrate this hugely important discovery, Science Photo Gallery has produced an anniversary poster, which shows Crick and Watson trying to look "portentous" next to their DNA model. The image, which was captured by Anthony Barrington Brown on May 21, 1953, now hangs in London's National Portrait Gallery. It was originally turned down by *Time* magazine. Details of how to order the poster, which costs £9.99 (plus post and packaging), are listed on www.sciencephoto-gallery.co.uk

AAH extends medicines management scheme

AAH Pharmaceuticals is extending its medicines management programme across the country after it was trialed successfully in 25 pharmacies for nine months last year.

Dr Mandeep Mudhar, AAH's marketing manager, said that the Vantage Health Watch programme enables pharmacists to broaden the range of services they provide.

"Pharmacists who add value in this way will reap the long-term benefits because they will meet the criteria for the proposed two-tier contract," he added.

Services available as part of the programme include: blood pressure measurement, weight management, and medicines management for older people and those with diabetes and CHD. In total 12 services are currently in development and are expected to be rolled out in 2003.

The scheme, which is only available to Vantage Refresh members, costs £240 per year. This covers all marketing services such as in-store posters, flyers, local PR, merchandising support and leaflets.

AAH hopes to have 200 pharmacies on board by the end of the year.

For more information:
Tel: 024 7643 2000.

PRACTICE

Free condoms for under 20s in north Lincs scheme

A scheme across north Lincolnshire will see pharmacies supplying free condoms to people under 20 years old.

The four-week pilot aims to raise awareness and usage of condoms in an attempt to tackle teenage pregnancy and sexually transmitted disease problems in the area. It is operating out of the 15 pharmacies already involved in the patient group direction scheme to supply emergency hormonal contraception to women under 20 years.

Young people are being targeted with leaflets and posters featuring the 'Choices' logo which have been distributed through GP surgeries, libraries, school nurses and other outlets. The local media has also been contacted.

People under 20 will be allowed to ask for two free supplies of three Durex condoms each week. Although the scheme will be offered to people who are 14 or



Leaflets aimed at the under 20s are being distributed in the local communities in north Lincolnshire

older, people under this age may be supplied if they are deemed to be 'Fraser competent'.

Sani Gudka, pharmacy co-ordinator for North Lincs and NE Lincs PCTs said the trial's four-week pilot would allow it to be audited with a view to seeking

further funding in the next financial year. Data being collected includes age and date of birth of clients, postcode and gender. This may also identify whether any clients were visiting more than one pharmacy or obtaining more than the two permitted supplies each week.

Up to £2,000 has been allocated to cover the cost of promoting the scheme, condoms and training. This has included pharmacists and counter staff, and has focused on assessing young people who access the new service to ensure they are aware of their actions.

She said that the scheme was to expand the existing EHC service, which has had about 900 users in the 18 months it has been running. There are also plans, should this be successful and there is enough money, to introduce free pregnancy testing.

PRACTICE

Plans to cut drug waste

Walsall Primary Care Trust is planning a pilot scheme to encourage patients not to ask for repeat medication they do not need.

From April, four or five pharmacies will be asked to stick labels on dispensed medicines saying: "Please use me up before ordering more," or words to that effect. Between 20,000 and 30,000 labels will be issued.

After about three or four months the amount of unwanted medicines returned to pharmacies will be assessed to see if the labels have had any impact.

Numark uses mapping software to take the OFT hard line

The fight to maintain the control of entry regulations has taken a high tech twist: Numark is using geo-demographic analysis to hammer home its Office of Fair Trading views.

The company is using special software to map areas more likely to use pharmacy services, for example, the elderly and more socially disadvantaged.

The software applies the OFT assumption that two community pharmacies will close for every one supermarket pharmacy to open. The result, says Numark, is a significant drop in the availability of pharmacy services – and a large number of businesses being taken outside the half kilometre walking distance range from their communities.

Numark's formal OFT response to the DoH incorporates

an analysis and members are using the maps to lobby MPs over the effect of pharmacy closures.

Less high-tech, but equally vociferous, is North-East London LPC, which is organising a poster and 'postcard to your MP' campaign. This advises patients to write to their MP outlining the ways pharmacy has helped them.

LPC secretary Hemant Patel said that 270,000 postcards have been printed and the campaign has already received the support of local MP Tony Banks.

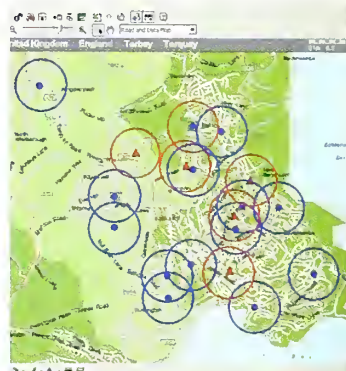
The LPC is also hoping to mobilise further support of the area's MPs with a dinner at the House of Commons on March 20. Said Mr Patel: "The campaign is of fundamental importance to everyone. We need to keep the pressure up

until the very last minute."

In its formal response to parliamentary under-secretary for health David Lammy, the LPC outlined the achievements of the area's pharmacies as well as its concerns about the OFT report. Mr Patel wrote: "The OFT analysis... falsely equates a free market with wider accessibility... the OFT recommendation simply hastens the slow death of Britain's high streets."

Cheltenham pharmacists Peter and David Badham have also written to Mr Lammy and have met local MPs, to communicate their customers' support for the control of entry regulations.

Modiplus, chartered accountant and tax adviser to retail pharmacies, has commissioned pharmacy economist Dr Darrin Baines to give a talk on preparing



a pharmacy business for the future. Further information from: info@modiplus.co.uk.

Mr Patel, who is also a PSNC committee member, said there is little indication of the road the Departments of Trade and Industry and Health will go down, following the OFT's report.

For more information: www.modiplus.co.uk

LABOUR

Labour backbench MPs challenge OFT report

The chairman of the Campaign Group of Labour MPs has hit out at the OFT report, warning it would lead to a "major cull" of community pharmacies.

John McDonnell's attack on the OFT proposals will be seen as a signal that the 50-strong Campaign Group will not allow the proposals through Westminster without a fight. It

adds to the growing number of backbench Labour MPs who are opposed to the OFT recommendations for allowing the free market to operate in the pharmacy profession.

Mr McDonnell, MP for Hayes and Harlington, said: "Deregulation will inevitably result in a major cull of local small pharmacists, squeezed out by the

supermarkets. The result will be not only the withdrawal of pharmacy services in many area but also a tendency for a greater burden to fall on local GPs as people lose the access to local pharmacists' advice and support."

Health minister Lord Hunt said that the OFT had concluded that, although access to pharmacies is generally good, there are a

number of areas in which it could be improved. It was also pointed out that there is a high concentration of certain pharmacy chains in some areas.

"Although I agree that the current network of community pharmacists is invaluable to this country, we do not have a perfect distribution of pharmacies. That must also be taken into account."

Questiontime

in association with



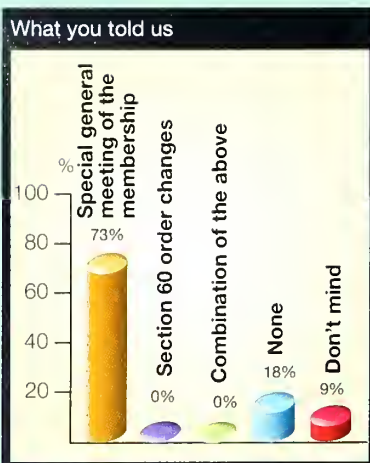
UniChem

Last week we asked you: "What option should be pursued for the RPSGB to become a Government-approved modern regulator?" You replied (see right):

This week's question: What impact do you think the proposed new GPs' contract will have on the extended roles in pharmacy?

- None
- Generally beneficial
- Generally negative
- Don't know

You can record your vote on our website: www.dotpharmacy.com. You have until noon on March 4 to cast your vote. We will publish the results in C&D, March 8.



Dr Trevor Jones, director-general of the Association of the British Pharmaceutical Industry, is pictured with his CBE which he received from Prince Charles on February 1. Dr Jones was awarded the honour at the New Year for services to the pharmaceutical industry

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POLICY

First moves on training pharmacist prescribers

Pharmacist prescribing should start this autumn, according to the Department of Health's chief pharmaceutical officer.

Jim Smith told a conference in London on Monday that the final enabling legislation is expected any day. He hoped the first pharmacist prescribers would start training by late spring, with the remainder starting this autumn, so that at least 1,000 pharmacists would be registered with the Royal Pharmaceutical Society as supplementary prescribers by the end of next year.

The Government has agreed in principle to move to independent prescribing once supplementary prescribing has been assessed.

There would be a heavy emphasis on competence so, although some pharmacists were concerned about the 25 days' training, the Department was sticking to this to assure the Medicines Commission that training was adequate. Eventually, the training would be included in undergraduate degree courses.

PCTs would decide where to commit resources for pharmacist prescribing, according to local need. Dr Smith suggested that community pharmacists would have to work with local GPs to



Jim Smith: prescriber training soon

identify a need for training as supplementary prescribers.

In principle, there would be no restriction on the range of medicines pharmacists might prescribe. Controlled Drugs would be excluded initially, because these came under Home Office remit, but the eventual intention was to include palliative care drugs.

On Tuesday, the Department of Health added to what Dr Smith had said, saying: "Supplementary prescribing is a voluntary prescribing partnership between an independent prescriber (a doctor or dentist) and a

supplementary prescriber (nurse or pharmacist), to implement an agreed patient-specific clinical management plan with the patient's agreement. A guide for implementation of supplementary prescribing is available on the Department of Health website at: <http://www.doh.gov.uk/supplementaryprescribing>."

Updating his audience on medicines management, Dr Smith said the National Prescribing Centre's collaborative programme was already showing benefits to patients, which was "very reassuring". The programme is running in 260 community pharmacies in 106 PCTs, with a potential catchment area of nine million patients.

He highlighted epilepsy as another suitable area for medicines management, following the launch of the Government's epilepsy action plan (*C&D*, February 22, p8). An audit had found that inadequate drug management was implicated in 20 per cent of epilepsy related deaths in adults and 45 per cent in children (NICE, May 2002).

Boots sponsored the conference, 'Modern community pharmacy services in the new NHS', organised by Capita in London.

MULTIPLES

Boots outlines latest patient care services

Steve Churton, Boots' assistant pharmacy superintendent, has outlined the company's latest patient care services. Over 20 primary care organisations have contracted to use Boots's domiciliary dispensing aid, Medisure.

An instalment dispensing facility for methadone is being rolled out to a dozen Boots pharmacies, after a successful service was set up in Chesterfield in conjunction with the drug action team and North Derbyshire PCT. Daily doses are supervised in a screened, private area and the scheme is driven by GP referrals.

Boots is also proposing to develop anticoagulant clinics in

Sheffield and North London, and discussing a proposal for a one-stop annual review for people with diabetes, to improve patient access, increase financial efficiency and reduce the number of "did not attends" for appointments.

Patient group directions for emergency contraception continue to be controversial and, when joining a new one, Boots recommends a low-key launch that stays clear of the local media.

Press publicity stirs up interest, but only to the ultimate detriment of end users and the healthcare professionals providing the service, Mr Churton said. Boots is involved in PGDs for EHC in over 40 PCTs.

MULTIPLES

Moss offers advice on stresses

Customers will be able to seek advice on the stresses and strains of everyday living from the country's third largest pharmacy chain.

Moss Pharmacy, in conjunction with major OTC manufacturers, including GSK and Pfizer as well as *Prima* magazine, has launched *The Pight of Modern Day Living: time to take care of ourselves?*

This guide offers practical information on health and wellbeing and also includes advice on smoking cessation, women's health and common childhood ailments.

For more information:

Tel: 020 7761 1705.

NiQuitin CQ Lozenge Product Information

Presentation: White, round lozenge, available in two strengths: NiQuitin CQ 2mg Lozenge containing 2mg nicotine (as 11.1mg nicotine polacrilex) marked NL2 on one side and NiQuitin CQ 4mg Lozenge containing 4mg nicotine (as 22.2mg nicotine polacrilex) marked NL4 on one side. **Indications:** Relief of nicotine withdrawal symptoms, including craving, associated with smoking cessation. If possible, use with a stop smoking behavioural support programme. **Dosage and administration:** Adults: Users must stop smoking completely. NiQuitin CQ 2mg Lozenges are suitable for those who smoke 30 mins after waking and NiQuitin CQ 4mg Lozenges are suitable for those who smoke within 30 mins of waking. Treatment is in 3 steps. Step 1 (weeks 1 to 6), start with 1 lozenge every 1 to 2 hours. Step 2 (weeks 7 to 9), step down to 1 lozenge every 2 to 4 hours. Step 3 (weeks 10 to 12), step down to 1 lozenge every 4 to 8 hours. Over the next 12 weeks, use 1 to 2 lozenges per day only on occasions when strongly tempted to smoke. During weeks 1 to 6 it is recommended that users take a minimum of 9 lozenges per day. Users should not exceed 15 lozenges per day. Do not use for more than 24 weeks (6 months); if users still feel the need for treatment, they should consult a physician. Place 1 lozenge in the mouth and allow to dissolve. Periodically move the lozenge from side to side in the mouth until completely dissolved (approximately 20-30 minutes). Do not chew or swallow whole. Do not eat or drink while a lozenge is in the mouth. **Contraindications:** Use by non-smokers, children and adolescents under 18. Those with phenylketonuria, recent heart attack or stroke, severe irregular heartbeat, unstable or worsening angina, resting angina. Hypersensitivity to nicotine or any of the ingredients. **Precautions:** Use only on doctors' advice if the user has hypertension, peptic ulcer, severe kidney or liver impairment, pheochromocytoma, hyperthyroidism, diabetes, cardiovascular diseases (e.g. heart failure, stable angina, cerebrovascular disease, vasospastic diseases, occlusive peripheral arterial disease). For sufferers of phenylketonuria - contains aspartame which metabolises to phenylalanine. For those on a low sodium diet - each dose contains 15 mg sodium. Users with active oesophagitis, oral or pharyngeal inflammation, gastritis or peptic ulcer may experience symptom exacerbation. No known effects on ability to drive but smoking cessation itself can cause behavioural changes. **Interactions:** Concomitant medication may need dose adjustment; caffeine, theophylline, imipramine, pentazocine, phenacetin, phenylbutazone, insulin, tacrine, clomipramine, olanzapine, fluvoxamine, flecainide and adrenergic blockers (e.g. propranolol) may need dose decrease; adrenergic agonists (e.g. salbutamol) may need dose increase. Propoxyphene, frusemide and H₂-antagonists may also require dosage adjustment as smoking may alter their effects. **Side effects:** Adverse reactions may be similar to those caused by the effects of nicotine which are dose dependent, or from smoking cessation. Headache, dizziness, mood swings, irritability, anxiety and insomnia can occur, and may also be due to nicotine withdrawal. Commonly reported adverse events include nausea, vomiting, dyspepsia, hiccup, flatulence, diarrhoea, constipation, appetite changes, mouth irritation/ulceration, pharyngitis, coughing, wakefulness. Uncommon adverse events include general malaise, skin rashes, itching, sweating, gingival or nose bleed, palpitations, tachycardia, chest pain, flushing, nasal or throat irritation, chest infection, dyspnoea, asthma exacerbation, taste disturbance, halitosis, gagging, lip soreness or ulceration, tooth or jaw ache, oesophageal reflux, peptic ulcer, abdominal cramps, excessive thirst, nocturia, lightheadedness, nightmares, restlessness, migraine, sensory disturbance. **Pregnancy and lactation including trying to become pregnant:** Pregnant or nursing women should be advised to try to give up smoking without nicotine replacement therapy, but should this fail, a medical assessment of the risk/benefit should be made. **Legal category:** P. **Product licence number:** NiQuitin CQ 2mg Lozenge PL 00079/0369; NiQuitin CQ 4mg Lozenge PL 00079/0370. **Product licence holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Pack size and RSP:** Both strengths 36 lozenges £8.99, 72 lozenges £17.49. **Date of last revision:** August 2002. **Reference:** JRI mat 52 w/e 29 December 02. NiQuitin CQ, NiQuitin CQ Clear, CQ and Committed Quitters are trade marks of the GlaxoSmithKline group of companies.



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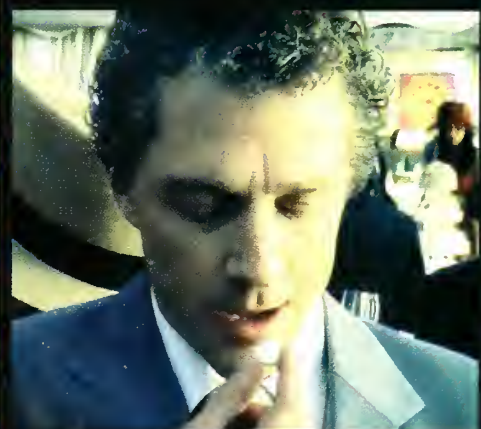
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PAGB PERSPECTIVE

Getting the message right

Without advertising, one thing will happen – nothing, argues Sheila Kelly, director of the Proprietary Association of Great Britain

At this time of year, along with the Oscars and the Baftas, we have the pharmaceutical industry awards which focus attention on innovation and successful advertising and marketing.

It has reminded people that, in February last year, Lord Hunt launched the new procedure for switching medicines from prescription to OTC and set a target of 50 switches in the next five years.

At the same meeting Royal Pharmaceutical Society president Marshall Davies launched the long list of potential switch candidates developed by the RPSGB, explaining the aim was to be forward thinking and to include as many potential candidates as possible. This drew national newspaper headlines because the list included Viagra but it's gone quiet since then.

So far we have seen a number of P to GSL switches but there is no sign yet of the statins, COX-2s, asthma products or the others on the list. That isn't because nothing is happening. For the companies involved, the opportunity means setting up new development and marketing teams and diverting people from other work.

A key question was whether or not the products for the new OTC indications could be advertised. We now have the answer to that as the Medicines Control Agency has just completed a consultation exercise to review the UK advertising regulations, on the principle that any medicine which can be sold to the public will be able to be advertised to the public.

People in the UK are very conservative users of medicines and with over 80 per cent of purchases being repeat it is hard work to persuade people to try something new, especially when they are satisfied with the products they have. Companies have tried to market products by promoting them to the pharmacist and relying on their recommendation but they have all failed.



Pharmacists have a love/hate relationship with advertising. Many take part in nominating companies and advertisements for awards or in voting for them and clearly enjoy the process. Some say they hate customers coming in "demanding" products, which the pharmacist doesn't know or feels may not suit them.

Like doctors, they feel that the shorthand used in advertising communications means that people don't have all the information they should have to choose a product. The industry and pharmacists need to work to a common understanding on this.

Advertising messages are short because research shows that only one or two messages can be conveyed in any advertisement. We need pharmacists to supplement that at point of sale and as an industry we need to get better at giving information to pharmacists.

Alongside the list of switch candidates, industry, doctors, pharmacists and patients helped develop guidelines about the information and education that should go along with them. PAGB has a specific work objective this year to build on those guidelines and to take this work a stage further. We are consulting pharmacy bodies to help industry produce the kind of support that pharmacists want.

It's an old chestnut that 50 per cent of advertising fails; it's in our interest to work together to identify the 50 per cent that will work.

MEDICINES

Pharmacists help fight CD abuse

Community pharmacists in the North-East are helping the police and schools stop children dealing in and abusing Controlled Drugs.

Children have been buying and selling methylphenidate tablets, prescribed for attention deficit hyperactivity disorder. The drug is being called 'kiddie coke'.

Chemist inspection officer DC Bruce Davies became aware of the problem three years ago. A local pharmacist had identified a methylphenidate tablet for a worried parent whose daughter admitted paying £1 for the tablet, according to a report in *The Times*, on February 21.

Pharmacists and doctors in the area are now taking part in a "split prescribing" scheme. The doctor writes two separate prescriptions for methylphenidate – one is given to the parent to collect for doses that need to be given at home, and the other is sent to a pharmacy close to the child's school and this pharmacy sends the medicine directly to the school.

Where split prescribing is not happening, pharmacists are asked to dispense and label separate doses for school to prevent doses being re-dispensed by parents into envelopes or other containers.

The police, in conjunction with the Darlington Local Education

Authority, have also been running courses to educate teaching and non-teaching staff about the safe use and administration of all medicines. Five 'Medication in Schools' pilot courses have been run and these may be used nationally in the next few years.

DC Davies said: "It's not just about the drug abuse situation – it's the fear of people coming to harm because medication is not being used properly in the school." He quoted examples of doses being adjusted by parents to fit in with the school day and staff having to administer drugs not properly labelled by parents.

Apart from the usual dispensing fees, pharmacists are not being paid any extra to take part in the schemes.

Although the diversion of Controlled Drugs, once dispensed, is a matter for the police and not the RPSGB's inspectorate, Stephen Lutener, head of professional conduct at the Society, said he hopes pharmacists would co-operate.

Cephalon, manufacturer of Ritalin, said it shared the concerns of the community, and has produced educational materials about ADHD for patients, parents, school officials and the public.

PROFESSOR

BPC to be in Manchester

The British Pharmaceutical Conference will take place in Manchester at the International Convention Centre from 2004.

The RPSGB has booked the venue for 2004 and has made provisional bookings for the following years as follows:

- September 27–29, 2004
- September 22–28, 2005
- September 25–27, 2006
- September 10–12, 2007
- September 8–10, 2008

All follow the Monday to Wednesday format.

This year's BPC takes place at Harrogate International Centre from September 15–17.

For more information:

aljons@health-links.fsnet.co.uk
Tel: 0121 248 3399.

PATIENTS

Tesco booklet pumps out heart info

Tesco's latest health promotion booklet provides customers with information on reducing the risk of developing heart disease.

Look after your heart is available free from all Tesco stores and recommends lifestyle changes that consumers can make, such as reducing fat and salt intake.

It also includes a personal risk assessment questionnaire and a detachable credit card-sized guide to food labelling, which enables consumers to determine if a food product contains high or low levels of sugars, fat, saturates and sodium.

GP contract 'good news' for pharmacy

PSNC has welcomed the agreement on the new GP contract reached by the BMA and the NHS Confederation, saying it is "good news for community pharmacists".

Resources for NHS general practice are set to rise by 33 per cent over the next three years – from £6.1 billion per year to £8bn by April 2006. For the first time, the new contract will link GPs' payment to the quality of service they provide. And one of the more significant changes will be the right for GPs to opt out of providing 24-hour cover, although this will cost them about £6,000 per year.

PSNC believes this change in funding will promote new ways of working, and allow the roles of practice staff and other primary care team members, including community pharmacists, to expand.

PSNC chief executive Sue Sharpe added: "There are great

opportunities for community pharmacy to develop its services to complement the new GP contract. A national minor ailments service provided by community pharmacists is a good example of the way pharmacists could work more closely with GPs and improve patients' access to the NHS.

"We are having ongoing discussions with the BMA in addition to the Department of Health and the NHS Confederation on the development of the new pharmacy contract. Our target date for the new contract is April 2004 and, like the GPs, we will have a contractors referendum once the negotiations are complete."

The BMA says general practice recruitment is in crisis, with more than 1,000 unfilled vacancies and many GPs planning to retire or leave practice unless their workload is controlled.

Coming Events

MARCH 3

East Kent Branch, RPSGB

PDG Update meeting at the Howfield Manor Hotel, Chartham Hatch, Canterbury, 7.30 for 8pm.

West Hertfordshire Branch, RPSGB

Homoeopathy, by Ian Jackson, Weleda, at the NPA, St Peter's Street, St Albans, 7.30 for 8pm.

MARCH 4

Oxfordshire Branch, RPSGB

E-pharmacy and electronic patient records, by Ian Shepherd and Bunmi Fajensin at the George Pickering PG Centre, John Radcliffe Hospital, 7.30 for 8pm.

NICPPET

Medication related problems in older patients, by Dr Carmel Hughes at the NICPPET Resource Centre, School of Pharmacy, Belfast, 8pm.

NICPPET

Upper gastrointestinal disease, Lodge Hotel, Coleraine, 7.30 for 8pm.

NICPPET

Upper gastrointestinal disease, at the Killyhevlin Hotel, Enniskillen, 7.30 for 8pm.

MARCH 5

NICPPET

Pre-registration practice day, Holiday Inn Express, Belfast, 9am-5pm.

MARCH 6

Colchester Branch, RPSGB

Aphrodisiacs from the garden, by Professor Peter Houghton, King's College London, at the Mark Tey Hotel, Colchester, 7.30pm.

NICPPET

CPD – developing your portfolio, at the Leighinmohr House Hotel, Ballymena, 7.30pm.

NICPPET

CPD – developing your portfolio, at the Seagoe Hotel, Portadown, 7.30pm.

MARCH 7

NICPPET

Clinical research methods, at the NICPPET Resource Centre, School of Pharmacy, Belfast, 10am-5pm.



Anti Itch
Balneum[®] Plus
soya oil, laurumacrogols

Because scratching is for dogs.



Pharmacy wins a deal but loses customers

Pharmacists inside the London Congestion Zone are claiming that the charge is keeping shoppers away in droves.

Transport for London estimates that there are still around 20 per cent fewer vehicles entering the zone, despite the end of the school holidays. Rohit Kotecha, owner of Niemanns Chemist in Farringdon Road, London, said he has seen a 15-20 per cent slump in trade.

Said Mr Kotecha: "Today (the first day back after the half-term holidays) is no different. There are definitely less people. But the congestion charge is just one of the things making it as difficult as possible for people to travel to central London. Red routes, traffic wardens, the tubes in a mess... everything is hitting us from different angles."

London papers also report that

Boots's Baker Street branch felt a 10 per cent hit in sales during the first week of the charge, although the head office says it is too early to gauge the effect on sales.

Affected pharmacists will take some consolation from the fact that Tower Hamlets, City & Hackney, Newham, Westminster, Kensington & Chelsea and Lambeth, Southwark and Lewisham PCTs have agreed to reimburse pharmacists paying the charge in the course of their NHS work.

Currently, the scheme requires that regular users register with, and pay the charge to, Transport for London and then claim back the fee, in accordance with TfL criteria or any local concessions.

The Family Health Services Agency which is managing the congestion charge payment scheme on behalf of Tower

Hamlets, City & Hackney and Newham PCTs expects most charges to be reclaimed ultimately from TfL. However, there are fears that some claims will not be covered in this way, leaving the PCT to pick up the bill.

Further details of the scheme, plus reimbursement claim forms and guidance, will be forwarded to affected pharmacists shortly.

According to Camden & Islington LPC secretary David Kent, Camden & Islington PCTs are unwilling, at the moment, to reimburse pharmacists and are advising pharmacists in their PCTs to claim reimbursement direct from TfL. However, Mr Kent added that Camden and Islington PCTs were "actively prepared to intercede on behalf of all pharmacists to have them added onto the list of exemptions". He added that



Camden PCT felt confident it could do that.

Westminster, Kensington & Chelsea and Lambeth, Southwark and Lewisham PCTs advise pharmacists to record their reasons for claiming back the charge. The onus of proof is on the pharmacist, said LPC secretary Sultan Dajani.

For more information:
www.tfl.gov.uk



Medical diagnostics and pharmaceuticals group Provalis has received a £950,000 grant from the Welsh Assembly Government.

Awarded in recognition of Provalis's contribution to the local economy, the cash is earmarked for the diagnostics division to use to develop the North Wales manufacturing base for the company's Glycosal diabetes management cartridge and to further develop new prescription home use and patient testing diagnostic equipment, currently code-named G5 and Micro G. Provalis's successful grant application will also enable the company to expand its workforce, although exact numbers are yet to be finalised

For more information:
www.provalis.com

INDUSTRY

GSK faces investigation over Imuran exposure while internet adds to woes

The Health and Safety Executive is to investigate GlaxoSmithKline, after learning that three former employees are planning to sue the company.

The workers claim that exposure to Imuran (azathioprine) has had a "catastrophic effect on their health and the health of their children".

The case, which was highlighted in Monday night's *Tonight* with Trevor McDonald, involves three women who previously worked on the packing line for coated Imuran tablets at the company's Dartford plant.

One of the women is claiming that exposure to the immunosuppressant drug, also a known carcinogen, caused her to suffer a miscarriage, another believes it could have been linked with her breast cancer. The final claim involves the death of a two-day old baby.

The women also claim that they were not told about the toxic potential of the drug. Other cases are also being investigated.

GSK will make its own detailed investigation into claims that coated pills were often crushed or broken during packing, and the alleged link with health problems.

In a statement the company said that while it is too early to prejudge the issues or make specific comments about the cases, it is concerned to hear of the former employees' health problems.

It added, however, that there "is no evidence that these can be linked to working with azathioprine".

The company said it takes its health and safety responsibilities very seriously; the handling of azathioprine is governed by rules and regulations, regulated by Government and medical agencies. "The company complies with legislation and monitors production of the drug carefully," it said.

The company also states that the Imuran controversy has nothing to do with the planned

closure of the secondary manufacturing site at Dartford - where Imuran is packed - by the end of this year.

This, and the more recent announcement to close the primary manufacturing site at Dartford by 2006, aim to capitalise on the newer, more flexible technology located at another location at the Dartford site. Some 860 jobs will go as part of the reorganisation over the next three years.

In the USA, GSK is currently facing a consumer backlash after it decided to prevent non-FDA approved drugs being sold by Canadian internet pharmacies to consumers in the USA. GSK says this practice is illegal and potentially unsafe. However, newspaper adverts placed by, among others, a senior citizen lobby group, state that "Glaxo is taking away your right to affordable prescription drugs", and calls for consumers to boycott GSK products.

INDUSTRY

US biotech partner heads to Kent

US drug development partner MDS Pharma Services is to set up its first UK bioanalytical facility, as part of a programme of European expansion.

Staff are already being recruited to work at the 12,000sq ft site at the Sittingbourne Research Centre in Kent, which joins the company's four laboratories in North America and central Europe. The Kent operation brings the company's infrastructure total to 37 facilities in 21 countries.

MDS, which is based in Lincoln, Nebraska, believes there is great potential for bioanalysis services in both the UK and Scandinavia. Gilbert Godin, president, early clinical research and bioanalysis, said: "A laboratory in the United Kingdom is long overdue."

For more information:
www.mdsp.com



Abbott Laboratories has received the Queen's Award for Enterprise: International Trade 2002. A producer of anaesthetic gases for over 20 years, Abbott also received a special award from the Royal College of Anaesthetists and the Association of Anaesthetists of Great Britain and Ireland. Pictured, from the left: Professor Peter Hutton, president of the Royal College of Anaesthetists, Bill Dempsey, senior vice-president, Abbott Laboratories International Operations, Mark Haywood, managing director Abbott Laboratories UK, Dr Peter Wallace, president, Association of Anaesthetists

Sweet time for Schwarz

Sales at Schwarz Pharma could surge ahead another 50 per cent by the time the full-year US sales of its generic omeprazole are accounted for, analysts reveal.

In just one month, sales of Schwarz's omeprazole reached US\$166m, giving the drug a 14

per cent share. For 2003, Schwarz is expecting sales of around \$1bn.

However, analyst Wood Mackenzie said success will depend on whether Schwarz can defend its position as sole supplier.

For more information:
Kirsten.oosterhof@woodmac.com

Start-ups do well in 2003

More than nine in 10 start-up businesses are still going after one year, a 7 per cent increase on 1993, new figures from the Department of Trade and Industry reveal.

The percentage of businesses surviving three years or more is also up, by just over 6 per cent on 1993 to 64 per cent, the Small Business Service survey of VAT-registered businesses shows.

The North East experienced the highest percentage point increase of all English regions, with an 8.1 per cent uplift in the number of businesses surviving their first year. In Northern Ireland, 93.8 per cent of businesses are still trading after one year, up 6.2 per cent on 1993.

Nigel Griffiths, small business minister, commented: "With interest rates and inflation at their lowest levels for over 40 years, the economic climate is set for [small businesses] to continue growing and prospering."

For more information:
www.sbs.gov.uk/statistics

Important notice

Discontinuation of **ExacTech**[®]
blood glucose test strips - May 2003

Free upgrade to
MediSense[®] Optium[™] available

Many thousands of ExacTech users have already upgraded successfully to MediSense Optium - and we're offering our remaining ExacTech users the chance to do the same, **FREE** of charge.

Any remaining prescriptions will be reimbursed according to Drug Tariff regulations (ie for 3 months after date of discontinuation).

Any patients still using ExacTech can obtain their **FREE*** MediSense Optium by calling the ExacTech Helpline and quoting their unique ExacTech serial number **0800 072 1020**

www.diabetesnow.co.uk
* Offer only available to MediSense ExacTech owners

Monday - Friday, 8am to 6pm



Abbott Laboratories, MediSense Products, Mallory House,
Vanwall Business Park, Maidenhead, Berkshire SL6 4UD.



Comment

from the Editor

The debate over the future of community pharmacy has been hotting up over the past few days. Parliamentarians have put the message across that the OFT report has failed to address some fundamental issues, such as whether doctors would like to take on more of a dispensing role. But ministers are certainly being 'helped' to appreciate what might be lost if there is a total deregulation of NHS pharmacy contracts (p4,6).

Outside the legislative chambers, pharmacists are doing their bit, as are the public. Just because the February 28 deadline for responses has passed, public opinion will have no less a significant impact on what the Government decides.

At times like this it is worthwhile alerting the powers that be of the excellent public health and safety schemes that pharmacists are participating in – which may not only save the NHS money, but impact on the social fabric of the country.

From simply getting patients to make sure they only ask for a repeat prescription when needed (p5), to encouraging young adults to take a more responsible attitude to sex (with reduced maternity or STD clinic expenses as a result) (p5), pharmacists are improving the lot of many. As for saving

children's lives, even that is not too fanciful a claim when schoolyard dealing in methylphenidate has become just a lifestyle option for some (p10).

But as for the GPs' proposed new contract, this may yet be as divisive as any other threat. Although the contract could mean there will be more opportunity for pharmacists to practise their extended role, there is also the threat that GPs may find that running their own medicines management services or therapeutic monitoring services is quite lucrative.

This will be a case of wait and see, but it will certainly impact on the way the new contract is negotiated and implemented. The shortage of all health professionals, however, may mean the effects may be some years in coming.

The GPs' proposed new contract may yet prove as divisive as any other threat

Your views

Pharmacist Jeanette Smith considers the effects the OFT report may have if implemented

Contract was flawed – but had some value

The OFT's proposal to award dispensing contracts has provoked anguished screams. But if you look at the beginning of the NHS, the dispensing contract was flawed from the outset. I have no idea how they arrived at the original levels of payments, but George had a theory.

George was the old-fashioned kind, always in his three-piece suit when most of his colleagues wore white overalls.

For what it's worth, this is George's theory. Before the NHS, drugs were relatively cheap, and all the dispensing was recorded in large ledgers. Since chemists in poor areas, who probably did the bulk of the dispensing, charged what their patients could afford, there was no question of adding a reasonable dispensing fee.

When the government looked at these ledgers they saw a distorted view of the price of the

medicines and took it as the true value. So now chemists receive the same lowly payment from the government which they had been forced to accept from patients who were on the breadline.

We must be the only profession which blindly accepts 80 per cent of its remuneration from faceless bureaucrats. There is no means to ensure that the cheque corresponds with the value of what we have supplied, especially since the pricing bureaux have stopped sending back disallowed items for our information.

Dispensing contracts have never made us rich. If you go into a pharmacy on the continent, there are none of the sundries which clutter up our pharmacies, but which provide a healthy profit. Incidentally, the French pharmacist now has an electronic link with the pricing bureau. The cheque arrives every 14 days – for



the previous two weeks' work.

In spite of its drawbacks, the dispensing contract had some value. It was part of the goodwill which could be sold along with the business. Building up a good business was once a perfect way to provide a pension fund, but if contracts are going to be handed out willy nilly, the pension fund will look as sick as those provided by ailing insurance companies.

There is another drawback to dispensing in supermarkets. The spokesman from Asda may insist that the manpower shortage has eased, but there's precious little sign of that in rural areas. One supermarket, with its extended hours, takes more than one pharmacist so most of the spare new graduates would be mopped up as soon as they qualified.

At the moment, the search for locums is fruitless enough without supermarkets hoovering up any floating manpower.

I must admit that my point of view is not disinterested. Some years ago, I began a temporary locum. As a joke, I suggested that 70 was a reasonable age to retire. Now I have lost faith in retiring at all. Our local GP informs me that retirement is bad for you anyway. His father still works at 92. Will still have to drive to work 22 years from now?

Northern Ireland NOTEBOOK

More to the OFT report than meets the eye

The OFT report does not add up. The evidence does not support its main recommendation. There is more to it than giving the public cheaper Benlyn and Paracodol.

Over the past few weeks those of us with marginally profitable pharmacies will have contemplated selling. The spectre of leapfrogging hangs over the current debate and players will be nervously jockeying for position. But this is the wrong time to sell. No matter how bad things seem, society still needs pharmacy services and there will always be a living to be made from them.

Other moves are afoot. At least one of our home-grown multiples has moved to a business model that involves setting up "health centres" at their existing pharmacies. They are approaching

The spectre of leapfrogging hangs over the debate

GPs who own their own practice building, and offering them the opportunity to relocate into purpose-built premises with a nominal (if any) rent - 70 per cent is paid by health boards.

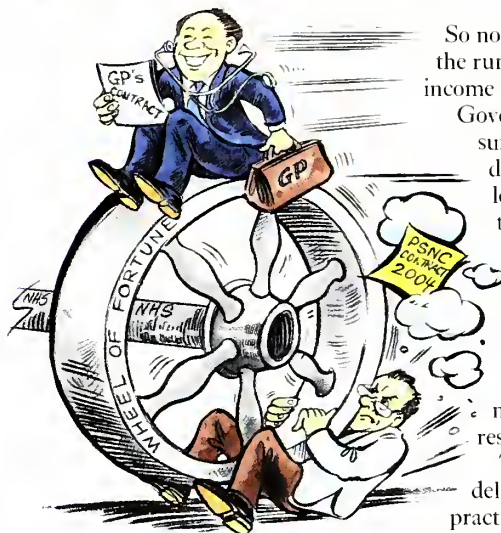
This allows the GPs to sell or rent out their freehold property. It is a nice idea - leapfrogging in reverse. The pharmacy captures the prescriptions, the GP practice realises its capital and everyone is happy. Well, everyone except the other pharmacies in the area.

Our volume-based contract creates these problems and it is why we so fear the OFT report. Is it a ploy to weaken our negotiators and make them more amenable to a quality based contract? Get the new contract right and small independents will have little to fear from deregulation, Walmart or pugnacious multiples.

*Written by a Northern Ireland
community pharmacist*

TOPICAL REFLECTIONS

Is the wheel of fortune heading our way?



So now GPs know the structure of their new contract and if the rumours are true then a principal's estimated annual income of £80,000 would not be too unrealistic. The Government is prepared to pump extra cash into GP surgeries in exchange for improved services and has laid down strict ground rules for achieving those income levels. A genuine carrot and stick approach with clear targets and defined rules. And as a little bonus almost total security of employment and a hefty pension on retirement.

But I am not jealous, merely envious that a sister profession can be dealt with so transparently while I still practice in a fog of uncertainty. PSNC has now suggested 2004 as the date for implementation of my new contract but I still neither know its contents, its responsibilities nor even whether it will ever become reality. The only small crumb of comfort is that in order to deliver the promises of the GPs' contract, surgery working practices will have to change dramatically. The talk is of delegation to other team workers and that includes pharmacists.

The GPs' new contract recognises that real GP change cannot be delivered without substantial input from pharmacists and for that to happen a new pharmacy contract has to be agreed.

The final irony could be that the eventual shape of GP services could be dependent on the delivery of a new contract for pharmacy. It is at last in GPs' interests to encourage a dynamic, stable community pharmacy sector. Perhaps the wheel of fortune is turning my way at last!

Endorse my endorsements

One of my smaller local surgeries has just switched to computers and the extra workload caused by simple transcription errors has become enormous.

Unfortunately, inter-professional relationships are not what I would desire and every mistake has to be returned via the patient for correction.

Eventually the practice manager phoned me angrily to demand why all these simple changes could not be managed with a phone call. I explained the problems of past suspicion that had led to my playing strictly by the rules and hopefully a new

relationship may now develop but I still need a new prescription for each of these simple transcription errors. I am still treated by the NHS as incapable of taking informed professional decisions, the consequence of which is aggravation for patient, doctor and pharmacist alike.

If only PSNC could agree with the Department of Health a system for allowing professional changes to a prescription where a proper verification trail can be established. A phone call, a duplicate attachment to the prescription signed by the pharmacist for PPA use could be a solution.

Incremental pay increases for instalment supply

The involvement of community pharmacists in the management of drug dependency is a service development success that has gone largely unnoticed. That it has happened at all is a result of an in-built payment system that rewards pharmacists for participation, the active encouragement of drug dependency units and the preference of clients to be treated in the community.

But the remuneration is at other pharmacists' expense as the global sun remains the same. Pharmacists have so far willingly participated in

improving drug dependency services but this goodwill must not be abused.

In Wales their involvement will increase with the extension of GP instalment dispensing to all drugs in Schedules 2 to 5 in the Misuse of Drugs Regulations 2001 (*C&D February 22, p6*). This is a commendable extension that should produce immediate benefits in the control of drugs of abuse, but before too much praise is heaped upon the Welsh Assembly I would like to know what increased resources have been proposed to enable pharmacists to enthusiastically participate.

Please e-mail your views to chemdrug@cmpinformation.com

Missing the point about locums' pay

Further to Mr McSorley's reply (*C&D Feb 8, p14*), he misses the main thrust of my argument, ie that while locums are only a specific area of pharmacy, pharmacists in general are poorly paid for their level of qualification. Thus it can hardly be termed exploitation if a self-employed locum – who has to pay his own overheads and taxes – is requesting a fee of, say, £20 per hour (ie take home pay equivalent to about £14).

I wonder what proportion of the reduction in overheads, necessitated by "market forces" is borne by his shareholders as opposed to his employees?

I reiterate that the present shortage of pharmacists, while being exacerbated by the "fallow year", is mainly caused by the relatively poor pay for the level of qualification, thus making entry into the profession most unattractive.

Rather than importing cheap labour from abroad as a 'quick fix', Mr McSorley should be using his not inconsiderable influence to

obtain suitable payments from the NHS for pharmacists. While I would agree wholeheartedly that continuation in community pharmacy is highly desirable, why should he have to employ locums or exploit cheap labour from abroad if the salary and conditions he is offering to pharmacists is so desirable?

As long as he and like-minded executives are prepared to exploit cheap labour from abroad, the plight of the home-grown pharmacist is not likely to improve.

Historically, I would remind Mr McSorley of Boots's action after the famous 'Albert Hall' meeting and how this has led to our present situation.

Am I alone in my thoughts or is there a large silent majority of pharmacists out there who share my opinions? If so, why not air these views? If there are enough of us, maybe, just maybe, someone will start to listen.

As I said before, "pay peanuts and you get monkeys".

A Locum

Office of Fair Trading Report

The OFT has admitted that it took no account of the healthcare provided by community pharmacies.

It did not need, of course, to concern itself with GSL medicines for these can be sold by anyone anywhere. It just concentrated on the theoretical savings that might arise if P medicine were more widely available – savings which, at an estimated £30 million, represent less than half of one per cent of the £7.8 billion pharmacy NHS turnover.

But there are no external restrictions on P medicine sales – because there is no effective restriction on opening a pharmacy to sell these products! What is the OFT talking about?

Well over 100 "non-contract" pharmacies exist and these can and do sell P medicines.

If it turns out that non-contract pharmacies are uneconomic then that is an entirely separate issue.

The OFT is perversely advocating that NHS contracting

be used to subsidise non-contract pharmacies that are predominantly retailers of P medicines.

The OFT is, in fact, demanding that public money be used to support private retailers in locations where health authorities consider it neither desirable nor necessary for an NHS dispensing contract to be issued.

Pharmacists everywhere should write to their MPs to say that the interference of the OFT in the running of the NHS is unnecessary and undesirable and the Government should reject its muddled conclusions.

**Rosemarie Finch,
Dunstable, Beds**

Pharmacists beware the 'VAT effect'

Your story concerning dispensing GPs and VAT (*C&D Feb 15, p12*) is not quite accurate. According to the transcript of *Beynon v Customs & Excise*, the VAT position of drugs dispensed by dispensing doctors was never at issue, both sides agreeing that these were zero-rated.

The question was whether drugs personally administered to dispensing patients were actually 'dispensed' (in which event they would be zero-rated) or part of a medical service (when they would be VAT-exempt).

If exempt, the partners could not reclaim the VAT paid on the drugs used. Paragraph 11 of the judgement explains the significance for dispensing practices. For non-dispensing practices, this VAT can either be reclaimed if they are VAT-registered, or they can receive an allowance to cover this element if they are not VAT-registered.

Dispensing practices which were VAT registered had believed that personally administered drugs were zero-rated and had therefore claimed input VAT on these drugs, which Customs & Excise disallowed on the grounds that personal administration was a medical service and therefore wholly outside the VAT system.

The three judges decided for the doctors on the grounds that there were two actions involved in

personal administration of a drug, one of which was a dispensing function. It was inequitable that all doctors could reclaim the VAT for non-dispensing patients, but dispensing doctors should be prevented from reclaiming it only in respect of regulation 20 patients.

Moreover, why should it make a difference in VAT terms whether the doctor gave immediate treatment as, say, an amoxycillin sachet or the same drug as an injection? The effect of the judgment is therefore rather smaller than your story would suggest, though I have no reason to doubt Dr Baker's estimate of the saving to the affected practices.

I may add that pharmacists need to be wary of the VAT effect on supplies under Patient Group Direction. Since these are not supplies under 'a prescription', they are not zero-rated. Under Notice 701/57, they may constitute 'medical care by a health professional' which is VAT-exempt.

The consequence is that the pharmacist cannot claim input tax on goods supplied under such a PGD, and needs to ensure that any fee received contains an element to compensate for this. No doubt our accountants will advise us appropriately.

**Graham Brack
Truro, Cornwall**

Section 60 of the Society's Charter

Ann Lewis says in her article (*C&D February 22, p27*) that an Order under Section 60 of the Health Act 1999 may be used to supersede the Society's Charter. This gives the impression that it may be used to supersede the whole of the Charter. I do not believe this to be correct.

Section 60 can only be used in relation to the regulation of the

profession, as Miss Lewis herself points out. The Charter concerns much more than the regulation of the profession – not the least of which is promoting the interests of the members in their exercise of the profession of pharmacy – and I do not believe that Section 60 can be used to supersede all of it.

**Douglas Simpson
Beckenham, Kent**

An ode to the OFT...

*For 'OFT' when on their couch they cry,
In vacant and in empty premises,
The independents by and by,
Have finally met their nemesis.*

*As leapfroppers with large accounts
Buy up the best locations,
Other shops – in large amounts –
Have nothing but frustrations.*

Signed: Anon - anon - and on and on

Turns heads not stomachs.

The painkiller in Panadol Tablets works differently from other painkilling ingredients in that it relieves your customers' pain and is unlikely to upset their stomachs – no wonder it is the UK's most prescribed painkiller. Now, with a stunning new pack design, Panadol Tablets will turn heads as well as clear throats.

Panadol is the UK's fastest growing £5m+ pain relief brand*. What's more, with a new £2.8million advertising and PR campaign, we aim to keep it that way.



PANADOL TABLETS. ACHING HEADS TAKE THEM. BUSY HEADS STOCK THEM.

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Dr Manish Kothari describes some breast conditions that need investigating but should represent no major cause for alarm

Benign breast disorders



THE COLLEGE OF PHARMACY PRACTICE

This course (module 1263), in association with multiple choice questions being published in C&D April 5, provides one hour's continuing education

Learning objectives

- To be aware of breast changes according to age
- To be aware of the most common benign conditions
- To understand treatments
- To understand the investigations required
- To know how to advise patients

Over the past few years an increasing number of women are being referred to breast clinics. Fortunately the vast majority of them have only benign problems.

Our understanding of benign breast disorders has improved considerably, such that these are no longer considered a disease entity but have been reclassified as aberrations of normal development and involution (ANDI).¹

Based on this philosophy, benign conditions of the breast have been grouped into:

- an early reproductive phase (up to 25 years)
- a mature reproductive phase (25–40 years)
- an involution (degenerative) phase (beyond 40 years of age).

Each breast is composed mainly of fibrous tissue radiating from the nipple and dividing it into milk-secreting glands or lobules. The glandular tissue is surrounded by fat cells, which give the breast its shape, together with a small amount of connective tissue that helps support the breasts.

The early reproductive phase is characterised by development of normal or foundation tissue in the breasts, as well as lobule and duct formation. It is a period when fibroadenomas are most common.

This phase sees cyclical changes associated with increased turnover of cells. Common conditions occurring during this time include

nodularity associated with breast pain, duct papillomas causing nipple discharge and galactocoele (cystic tumour) during lactation.

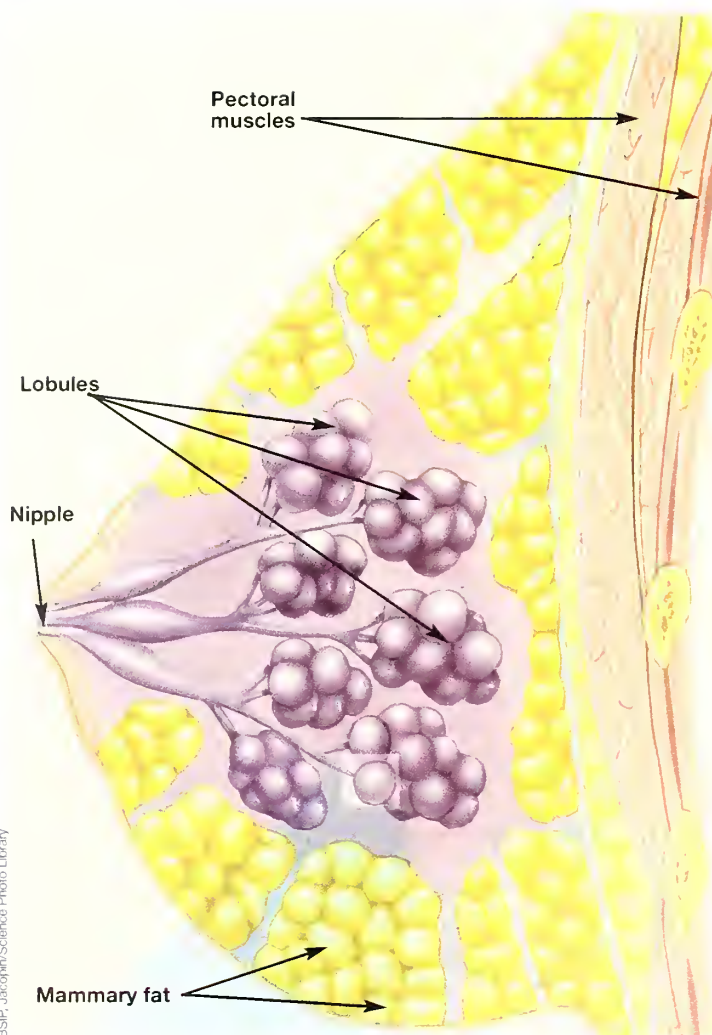
Breast cysts, sclerosing lesions, duct ectasia (abnormal distension) and hyperplasia occur more frequently during the final or involution phase.

Despite the plethora of disorders, there are relatively few presenting symptoms. These include lumps, breast pain and nipple associated problems. Most women presenting to the breast clinic with a lump turn out to have normal or cyclical nodularity of the breasts, commonly in the upper and outer areas.

The most common conditions seen in a GP or breast clinic are breast pain (mastalgia), breast cysts and fibroadenomas, and will be discussed in detail. In themselves these are benign conditions and the presence of one or the other does not increase the risk of developing breast cancer in any other part of the breast.

Breast pain

Breast pain (mastalgia), with or without associated nodularity, is most common during the phase of cyclical development of the breasts. It is important, though, to appreciate that not all patients will have 'true' mastalgia and that there may be apparent breast pain



Artwork of a cross-section through human breast showing the internal structures. The breast is supported by the pectoral muscles (pink, upper right) and a small amount of connective tissue

Continued on page 20 ►

from conditions like angina, gall bladder disease, hiatus hernia, degenerative conditions of the cervical or thoracic vertebrae and costochondritis (inflammation of the rib cartilages).

True breast pain is classified as cyclical or non-cyclical mastalgia. Cyclical pain typically occurs during the week preceding menstruation but can span a longer period and may be associated with diffuse areas of "lumpiness".

The aetiology of true mastalgia is unclear, although the fact that it occurs in the 25-40 year age group gives credence to the suggestion that there is a hormonal basis. Various other theories have been proposed including fluid retention, relative hyperoestrogenism, hyperprolactinaemia, psychoneurosis, increased caffeine intake, abnormalities of lipid metabolism etc.

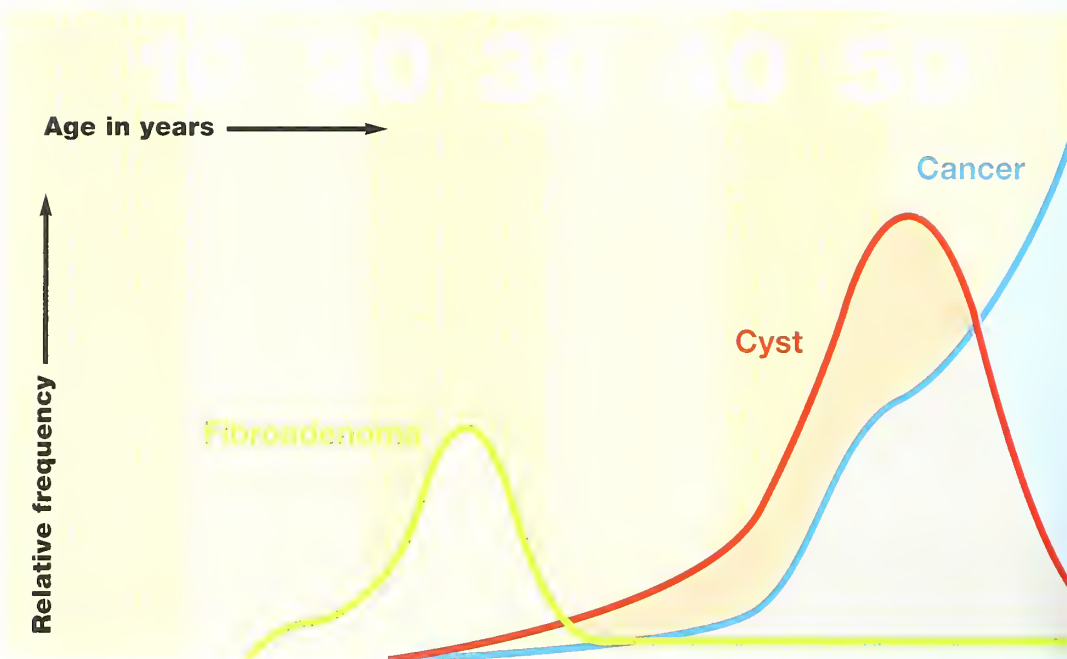
One of the most recent theories proposes a reduction of prostaglandin E1 (PGE1) due to a deficiency of essential fatty acid (EFA) intake in the diet.² Reduced levels of PGE1 in turn leaves prolactin to act unopposed on breast cells, leading to an exaggerated effect of this hormone.

Breast pain is rarely a symptom of cancer and careful clinical assessment supplemented by imaging to rule out an incidental malignancy often provides enough reassurance to most patients with mild breast pain. No further treatment, apart from simple dietary changes, is required. These include reducing saturated fat intake (for example, cheese, butter, cream, milk - except soya). Other measures include wearing a well-fitting bra and avoiding the use of underwiring.

Pain charts are useful to determine the cyclical nature of mastalgia, particularly in women who have had a hysterectomy. Any palpable lumps should be subjected to triple assessment (thorough clinical examination, cytology and imaging by ultrasound and/or mammography). It is vital to exclude any underlying cause of pain.

Diuretics and progestogens have been used in the past as drug therapies for cyclical breast pain but subsequent placebo controlled studies have failed to justify their efficacy. Evening primrose oil (EPO) is a rich source of the essential fatty acids, gamolenic and linoleic acids, and can be used to correct deficiencies in dietary

Incidence of common breast lumps



intake. It is tolerated well by most patients. However, Efamast is no longer licensed for mastalgia nor available on NHS prescription, because early trials were not considered as robust as they might have been. Gamolenic acid can still be obtained on a 'named patient' basis and some women may find benefit from unlicensed EPO supplements.

Second line treatment options for moderate to severe breast pain are danazol and bromocriptine, although these are not without significant side effects. Danazol inhibits pituitary gonadotrophins, and combines androgenic activity with antioestrogenic and antiprogesterogenic activity. The common side effects are weight gain, acne, hirsutism, voice change and amenorrhoea.

Bromocriptine is associated with nausea, dizziness and headaches in about 20 per cent of patients.

The Cardiff Breast Group has outlined a management protocol based on a study of 500 patients.³ EPO for four months is the drug of first choice in cyclical mastalgia, with danazol and bromocriptine as second and third line therapy respectively. Danazol appears to be better than EPO for non-cyclical pain although most would still prefer a trial with EPO in view of its minimal side effects. Steroid and local anaesthetic injections can be used for persistent localised tender areas.

A small number of studies have advocated the use of tamoxifen or lutein hormone releasing hormone analogues, but because of potential side effects these are best reserved

for only the most severe or refractory cases of breast pain.

The increasing use of HRT has led to a proportionate increase in incidence of breast pain in the post-menopausal age group. Counter measures include reviewing the dosage of oestrogen and/or changing the class of progestogen prescribed.

Fibroadenomas

Fibroadenomas (FAD) are benign lumps arising from overgrowth of whole lobules, as opposed to cancers that start from a single cell. They are usually a single palpable lump but can also exist in multiples. In the past these were classified as benign tumours but are now regarded as an aberration of normal lobular development and range from very small pea sized lumps to large or giant FADs.

Rarely, a separate entity of FAD can occur which is locally malignant. This is called the phyllodes tumour and needs to be treated promptly with excision.

FADs are typically well-circumscribed, firm and discrete lumps that are mobile within the breast tissue and are sometimes referred to as a 'breast mouse'. They most frequently occur in the early phases of breast development but can also occur during later years. If left alone most fibroadenomas remain static over several years and the majority of the remaining ones either regress or completely disappear as breast involution sets in. Only a few increase in size significantly.⁴

Although FADs have typical features the diagnosis may still be

incorrect clinically and, indeed, a small percentage turn out to be cancer on further investigation. Thus it is imperative that every patient with a lump must undergo triple assessment, involving a thorough clinical examination followed by cytology and imaging by ultrasound scan and/or mammography.

Treatment of fibroadenomas ranges from managing them with masterly inactivity (but constant monitoring) to surgical removal. In the over 35 years age group, where breast cancer risk starts creeping up, most breast surgeons would recommend excision. For younger women it is generally acceptable to adopt a conservative approach if the patient is willing and if there is no doubt about the diagnosis after triple assessment.

Breast cysts

There is no clear data on the incidence of breast cysts in the general population. However, it is recognised that one in 10 women will develop a symptomatic breast cyst during their reproductive life. A far greater proportion of women will have impalpable or asymptomatic cysts of little or no significance.

A cyst is a firm round lump that forms when a lobule fills with fluid. Cysts are usually lined by a single layer of epithelium and the fluid content is determined by the secretory nature of these cells. The colour of the fluid varies and is usually green, yellow or brown. Similarly the density can vary from clear to heavily turbid.

Continued on page 22 ►

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ASMANEX® TWISTHALER® 200 AND 400 MICROGRAMS

INHALATION POWDER

ABBREVIATED PRESCRIBING INFORMATION

Refer to Summary of Product Characteristics before prescribing.

Presentation: Inhalation powder for oral inhalation containing 200 or 400 micrograms mometasone furoate anhydrous, a synthetic topical corticosteroid, per inhalation. Uses: Regular treatment to control persistent asthma.

Dosage: Adults and children over the age of 12 years with persistent mild to moderate asthma: the recommended starting dose for most patients is 400 micrograms once daily in the evening. Some patients may be more adequately controlled on 400 micrograms daily given in two divided doses. Dose reduction to 200 micrograms once daily in the evening may be an effective maintenance dose for some patients. Patients with severe asthma: the recommended

maximum recommended dose. In patients receiving oral corticosteroids, Asmanex Twisthaler treatment will be initiated concurrently with systemic corticosteroid, which will be gradually withdrawn. Once oral steroid dose reduction is complete, titrate Asmanex Twisthaler to the lowest effective dose. Children <12 years of age: not recommended. Elderly patients >65 years: no dosage adjustment necessary. **Contraindications:** Hypersensitivity to any of the ingredients. **Precautions and Warnings:** Oral candidiasis may occur, requiring appropriate treatment or discontinuation of Asmanex Twisthaler therapy. If bronchospasm occurs, with an immediate increase in wheezing after dosing, immediate treatment with a fast-acting inhaled bronchodilator is recommended. Patients who are transferred from systemically active corticosteroids to Asmanex Twisthaler require careful attention. During periods of stress, including trauma, surgery, or infection, from corticosteroids should be warned of the risk of

corticosteroids will require supplementary treatment with a short course of systemic corticosteroids. Periodic testing of adrenocortical function is recommended. Pre-existing allergic conditions may be unmasked in patients who are transferred from systemic corticosteroid therapy to Asmanex Twisthaler. Asmanex Twisthaler is not a bronchodilator and is not indicated for rapid relief of bronchospasm. Patients should be instructed to contact their physician immediately when asthmatic episodes are not responsive to bronchodilators during treatment with Asmanex Twisthaler. Recommended doses of Asmanex Twisthaler must not be exceeded, and must be titrated to the lowest effective dose for each individual patient. Use with caution, if at all, in patients with active or quiescent tuberculous infections of the respiratory tract, or in untreated lung, bacterial, systemic viral infections or ocular herpes simplex. Patients who are potentially immunocompromised should be warned of the risk of

exposure to certain infections. A reduction of growth velocity in children or adolescents may occur as a result of inadequate control of chronic diseases such as asthma or from use of corticosteroids for treatment. It is recommended that the height of children or adolescents receiving prolonged treatment with inhaled corticosteroids is regularly monitored. If growth is slowed, review therapy with the aim of reducing the dose of inhaled corticosteroids if possible, to the lowest dose at which effective control of symptoms is achieved. When using inhaled corticosteroids, significant adrenal suppression may occur, especially after treatment with higher than recommended doses; however, during clinical trials there was no evidence of HPA axis suppression after prolonged treatment with Asmanex Twisthaler at doses ≤ 800 micrograms per day. Asmanex Twisthaler should not be used in pregnancy or lactation unless the potential benefit justifies the potential risk to the mother, fetus or infant. **Interactions:** Co-administration of

Asmanex Twisthaler with ketoconazole causes small but marginally significant (p=0.09) decreases in serum cortisol. **Reimbursable Price:** 200 x 30 £22.20; 400 x 60 £36.75; Basic CMS 400 x 30 £35.88; 400 x 60 £59.40. **Marketing Authorisation Numbers:** 00201/0254-5 (UK); 277/8271-2 (Ireland). Further information is available on request from the Marketing Authorisation Holder: Schering-Plough Ltd, Shire Park, Welwyn Garden City, Herts., AL7 1TW, UK. Asmanex® and Twisthaler® are registered trademarks of Schering-Plough Limited. ©2002 Schering-Plough Ltd. Date of Revision: July 2002. Date of preparation: January 2003

ASX/03-154

Schering-Plough



Most women presenting to the breast clinic with a lump turn out to have normal or cyclical nodularity of the breasts

Cysts are regarded as aberrations in the normal involution process of the breasts and hormonal influence plays a significant role in their formation. Frequent alterations in hormone levels do, in part, explain the preponderance of cysts in the perimenopausal age group.

Cysts are mostly asymptomatic and a significant proportion is noticed accidentally on breast self-examination. They take the form of a discreet lump or an area of nodularity depending on their size and number. Other symptoms include pain, leading to careful examination, thus unmasking a pre-existing cyst that has recently enlarged, perhaps with leakage of fluid into the surrounding breast tissue causing irritation.

Cysts can also rupture, leading to disappearance of a lump but leaving behind pain or discomfort. Rarely, if there is communication with a nipple duct, cysts can cause nipple discharge.

Breast tissue tends to be relatively dense towards the upper outer aspect and it is unsurprising that most cysts occur in this part of the breast. Although cysts can

occur at any age, they tend to be more common between 35 and 50 years of age. With the widespread use of hormonal medications, including replacement therapy, the incidence has increased in the postmenopausal group.

The treatment of simple palpable cysts is usually straightforward. The fluid is aspirated using a syringe and needle and sent for cytology. A mammogram usually follows in women over 35 years of age, although an ultrasound scan is useful to evaluate any residual lump that may remain after aspiration. Complex or multiple small cysts associated with nodularity require an ultrasound scan, with or without a mammogram depending on age, to exclude malignancy.

The vast majority of patients need no further follow up and require only reassurance with or without measures to tackle pain or discomfort. It is important, though, to appreciate that some cysts will refill while many more patients (about 40 per cent) may develop new ones. However, it must be stressed that cysts *per se*

are benign entities with no increased risk of malignant change.

Other benign conditions

Juvenile hypertrophy is uncontrolled overgrowth of breast tissue in the prepubertal age group and often causes embarrassment. It can significantly affect physical activity and sometimes surgery is necessary to reduce the amount of breast tissue.

Conditions such as sclerosing adenosis, epithelial hyperplasia and fat necrosis following trauma can present as lumps and need to be evaluated by triple assessment.

Mastitis – although not in the spectrum of ANDI – warrants mention, as it is vital to exclude the rarely occurring inflammatory cancer of the breast. If there is no abscess formation, a course of antibiotics covering aerobes as well as anaerobes usually suffices. Abscesses are drained percutaneously using ultrasound guidance.

Although the ANDI classification helps in understanding the spectrum of disorders, it does not give an insight into relative risk for breast cancer. The Dupont and Page histopathological classification⁵ is used by pathologists and classifies benign lesions as:

- 1) non proliferative change, for example, simple cysts with no increase in relative risk of developing cancer
- 2) proliferative change without atypia, for example, sclerosing adenosis with only a slight increase in relative risk
- 3) proliferative change with atypia, for example, atypical ductal hyperplasia (ADH) with an increase in relative risk of four to five times. However, ADH with family history of breast cancer increases this risk to 11 times.

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Manish S Kothari is specialist registrar, Breast Unit, Royal Marsden Hospital, London.

Actionplan

1. Do you get asked for treatment for relief of breast pain? Develop and record in your practice workbook a strategy to deal with such requests.
2. The article suggests that there are dietary involvements in breast pain. Try to find out what foods are implicated. Also think about what dietary advice you would provide.
3. It is difficult for male pharmacists but, if you think it appropriate, find out how to explain to women how to self-examine their breasts.
4. Many women will see their doctor for breast problems and, after examination, be informed that their condition is neither worrying nor serious. Think about what you would say to such women to reassure them. You may need to develop two or three different techniques for the different conditions.
5. Revise the symptoms and treatment of premenstrual syndrome.

Distance learning for pharmacists

Continuing education using Pharmacy Update for continuing education are reminded of the need to test. With the permission of Genus Pharmaceuticals, C&D's readers can self-test their progress by using the multiple choice (MCQ) paper to be inserted in the April 5 issue, which will cover this week's CPP-accredited modules, compared with those in the March 8 and 15 issues. These will cover:

- Benign breast disorders (1263) ● Body basics – excretion (1264) ● Neuropathic pain (1265).

A telephone marking service offers independent verification of results – details on the monthly MCQ papers. People wanting to register for Pharmacy Update can contact Mary Prebble on 01732 377269.

in association with



GENUS PHARMACEUTICALS

High coffee use is linked to stillbirth

Pregnant women who drink more than eight cups of coffee a day are twice as likely to have a stillbirth, according to a study in the *BMJ*.

In a Danish prospective study of more than 18,000 women expecting a baby the risk of stillbirth was also slightly increased in women who drank between four and seven cups of coffee a day but was lower in those who drank between one and three cups.

Women who drank the most coffee were also more likely to smoke and drink more alcohol

but, even adjusting for these factors, the results were still significant.

The researchers say there did not seem to be one single cause to explain the risk of stillbirth but they rule out the link between smoking, caffeine and stillbirth. Non-smokers were at the same risk as smokers.

The intake of caffeine had no effect on the risk of infant death in the first year of life.

For more information:

BMJ 2003; 326: 420-423
www.bmj.com



Tiotropium 'needs further trials'

Further trials are required before the place of tiotropium (Spiriva) in clinical practice can clearly be determined, according to the *Drug and Therapeutics Bulletin*.

The review of tiotropium bromide in February's *DTB* says that trials have shown it improves the primary outcome of trough forced expiratory volume in 1 second (FEV1) compared to placebo and also the secondary outcomes of shortness of breath and number of exacerbations.

Compared with ipratropium bromide 40mcg four times daily tiotropium appears more effective at reducing exacerbations but its role in improving trough FEV1 is unclear.

Tiotropium's once-daily dosing is an advantage but it is more likely than ipratropium to cause a dry mouth. Data suggesting that it may be more effective than salmeterol need confirmation.

Tiotropium, a long-acting inhaled anti-muscarinic drug, was launched last September.

For more information:

www.which.net
DTB Vol 41 No 2

NICE issues guides on flu, diabetes and incontinence



The National Institute for Clinical Excellence has issued guidance documents on the use of tension-free vaginal tape (TVT) for stress incontinence, continuous subcutaneous insulin infusion for diabetes, and amantadine, zanamivir and oseltamivir for the treatment of influenza.

The recommendations are:

- that TVT is one of a range of surgical options for women with stress incontinence where non-surgical treatments (such as pelvic floor exercises) have not worked. It should only be carried out by a suitably trained and experienced surgeon

- that insulin pump therapy is recommended as an option for people with type 1 diabetes providing multiple-dose insulin therapy has failed and those receiving treatment have the commitment and competence to

use the therapy effectively

- that where influenza A or B is circulating in the community zanamivir and oseltamivir are recommended for the treatment of at-risk adults and oseltamivir is recommended for at-risk children who present with an influenza-like illness, who can start therapy within 48 hours of the onset of symptoms. Amantadine is not recommended for the treatment of influenza.

Commenting on the flu drugs appraisal, Andrew Dillon, chief executive of NICE, said: "The message for most people who are not in one of the at-risk categories in treating flu remains the same: use over the counter medicines to treat the symptoms." This guidance replaces the previous guidance issued on zanamivir in November 2000.

For more information:

www.nice.org.uk

Still available

Centrapharm and GP Pharma say that products they acquired from Bioglan after it went into receivership are still available.

Centrapharm supplies Hibitane Obstetric cream, Exelderm, Siopel, Cetavlex, Permitabs and Colposol liquid while GP Pharma supplies: Synalar, Metosyn, Micanol and Crystacide.

For more information:

See Price List

DTB reviews first-line glaucoma treatment

Latanoprost is an alternative first-line therapy for lowering intra-ocular pressure (IOP) in glaucoma and offers several advantages over timolol, the traditional first-line treatment, according to a review.

Latanoprost is more effective at lowering IOP and causes fewer systemic side effects. It has fewer contraindications and only needs to be used once daily.

However, it is four times as expensive as timolol and the long-term consequences of its effects on iris pigmentation are not known.

The review, in February's *DTB*, says that lowering IOP can stop the progression of glaucoma, and the lower the pressure the better the prognosis.

Many patients require more



than one drug to lower their IOP sufficiently but fixed combination drops should only be used once the individual drugs have been shown to be effective. More evidence is required to prove that the combination products improve adherence, however.

For more information:

www.which.net
DTB Vol 41 No 2

Eye opener for contact lens wearers

Advanced Medical Optics is extending its Blink Eye Drops range with a product especially for use with contact lenses.

Blink Contacts eye drops are formulated to soothe and freshen dry, tired eyes.

The drops contain sodium hyaluronate 0.15 per cent and have a similar pH and osmolarity to natural tears.

During blinking, the viscosity reduces and the solution spreads easily across the eye but between blinking it offers improved retention.

The solution is preservative-free and suitable for all types of contact lenses.

The manufacturer says the drops will provide relief for the high percentage of contact lens wearers who cite loss of comfort and dryness as the reason



for rejecting their lenses.

The launch will be supported by point of sale and educational materials including a tear film poster. Samples are available to pharmacies.

Price: £4.59

Pack size: 20 vials x 0.35ml

Pip code: 290-1270

Advanced Medical Optics

Tel: 01606 863500.

Aller-eze is right under your nose

Novartis is launching 'P' category eye drops and nasal spray containing azelastine hydrochloride under the Aller-eze brand this month (C&D February 1, p22).

Azelastine works by blocking the action of histamine to help relieve the allergic symptoms of hayfever.

The nasal spray, which contains 0.1 per cent azelastine hydrochloride, can be used from the age of five years upwards. One spray in the morning should provide up to 10-12 hours' relief.

The eye drops contain 0.05 per cent azelastine hydrochloride and are suitable from the age of 12 years plus.

Eye-catching packaging highlights the phrase 'effective and long lasting relief'.

The launch will be supported by a £1.25 million marketing campaign including print advertising, outdoor posters, point of sale material and a category training programme for pharmacists.

In addition, a text messaging campaign will provide sufferers with



personal, up-to-date pollen alert information to their mobile phones.

Price: eye drops and nasal spray £5.99

Pack size: eye drops 6ml, nasal spray 5ml

Pip code: eye drops 291-3440, nasal spray 291-3457

Novartis Consumer Health

Tel: 01403 210211.

Cough, cold & flu FORECAST



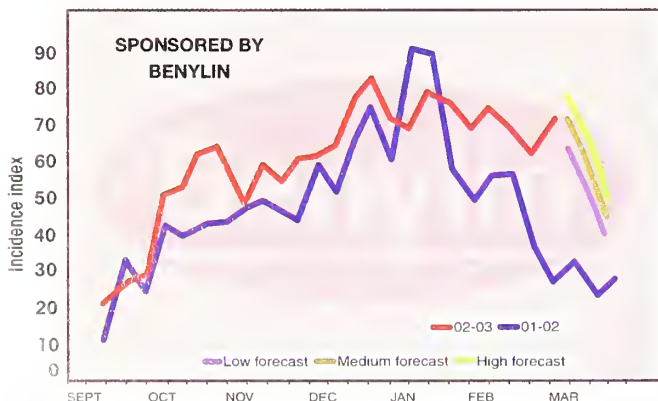
- Cities on Pre-Alert
- Cities on Advisory

KEY FACTS

- Half of the UK FAN regions remain on Flu Alert.
- ALL symptoms have risen sharply in the last 7 days
- Cough and Sore Throat are the most prevalent symptoms.



Information updated weekly by SDI



Time to check your stock levels!

Sanatogen strikes gold

Special 'golden pill' promotional packs of Sanatogen Gold (C&D January 25, p27) are now available from Roche Consumer Health.

The promotion is featured on 30s packs of Sanatogen Gold A to Z multivitamin. Twenty random packs contain a special embossed token.

One of these will be gold in colour and the lucky customer who 'strikes gold' will win a cash prize of £25,000. There will be 19 red runner-up tokens, each to the value of £5,000.



For more information:

Roche Consumer Health

Tel: 01707 366000.

Herbal hayfever spray

Bioforce has developed a herbal nasal spray to provide relief from blocked, runny and itchy noses caused by hayfever or other airborne allergies.

Luffa Complex contains seven tropical herbs and is named after one of its ingredients - Luffa

operculata or the sponge cucumber. It is said to have a desensitising action and to be anti-inflammatory and antispasmodic.

Price: £6.99

Pack size: 30ml

Bioforce UK Ltd

Tel: 01294 277344.

Bottoms up for Bepanthen launch

Roche Consumer Health is launching a dual-action nappy rash ointment into the UK.

Bepanthen is already a successful brand in several other European countries including Germany and Switzerland.

The ointment is designed to protect against nappy rash and aid the natural recovery of babies' delicate skin.

The formulation contains pro vitamin B5 and is suitable for use at every nappy change. It does not include fragrances, preservatives, colour or antiseptics.

The launch will be supported by a £1 million national marketing campaign targeting new mothers including sampling in Bounty bags.

A free leaflet entitled *A Guide to*



Nappy Rash, written by childcare expert Dr Jane Gilbert, is available.
Price: 30g £2.99, 100g £5.99

Pip code: 30g 291-1428, 100g 291-1436
Roche Consumer Health
Tel: 01707 366000.

Attractive bands of copper

IntraMed is launching a range of copper/magnetic bracelets believed to improve and stimulate circulation.

The company claims the combination of copper and magnets can help alleviate aches and pains from sports injuries to general stiffness.

The Fortuna range includes eight

designs – plain copper, gold cuff/silver ball, silver cuff/gold ball, thick rope, Aztec design, thin rope, silver with gold insert and gold with silver insert.

The bracelets flex to fit most wrist sizes.

Price: from £5.99 to £7.99

IntraMed Ltd
Tel: 020 8805 7805.

Suck them and see



To help *C&D* readers maximise on cough and cold sales, Mars is giving away 15 two-tier counter units fully stocked with Locketts Honey & Lemon and Tunes Cherry plus a special Locketts sweatshirt. The total retail value would normally be around £40.

Mars' data shows that merchandising Locketts and Tunes together in a two-tier counter unit, can more than double sales.

The free package will be sent to the first 15 *C&D* subscribers to send their name, pharmacy name and pharmacy address to Locketts/Tunes offer, *C&D*, CMP Information Ltd, Sovereign House, Sovereign Way, Tonbridge, Kent TN9 1RW.

Alternatively, you can send an e-mail to:
jpowis@cmpinformation.com

Playtex tampon glides into pharmacies this spring

Playtex Products is widening the distribution of its plastic applicator tampon range in UK pharmacies this spring.

Playtex Gentle Glide tampons are well established in the USA and were introduced into the UK exclusively through Boots last year.

The tampons feature a double layer design which Playtex says expands with a 'blooming' action like a flower. The plastic applicator has a smooth, rounded tip for easier application and comfort.

The launch will be supported by a £1.5 million marketing campaign including TV advertising from the end of March until June. A women's press campaign will run

throughout the year and will focus on younger magazines.

Targeted at women aged 15-34, the campaign is designed to encourage dual tampon and towel users to try Playtex tampons as a sole method of protection.

The tampons come in three absorbencies – Regular, Super and Super Plus. A Multipack containing Regular and



Super is available.

Price: £2.89 for 20 Regular, Super or Super Plus, £3.29 for Multipack (10 Super, 10 Regular)

Pip code: Regular 293-8553, Super 293-8561, Super Plus 293-8579, Multipack 293-8587

Playtex Products
Tel: 01954 719899.

TVnext week

Accu-Chek compact blood glucose meter: C5, GMTV

Arm & Hammer toothpaste: All areas except GMTV

Askit Powders: STV, C4, C5, GMTV

Calfig: C4

Clearasil Body Wash: All areas except GMTV

Colpermin: STV, C5

Kalms: C5, GMTV, Sat

Lucozade Sport: Sat

Nicorette: All areas

Nivea for Men Revitalising Q10: All areas

Nivea Hand Q10 Plus: All areas

Nivea Lip Care: All areas

Oxy: All areas except U, CTV, GMTV

Ribena: All areas except U, CTV

Tena lady & Tena pants Discreet: All areas except U, GMTV

Throaties: GMTV, Sat

PharmaSite for next week: NiQuitin CQ – Window, Ibuprofen care range – In-store, Otrivine – Dispensary

A-Anglia, B-Border, C-Central, C4-Channel 4, C5-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

Action stations for Seven Seas

Seven Seas is supporting the NeutraTaste SportFlex multinutrient sports supplement with a £200,000 advertising campaign this spring.

Advertising will appear nationally in daily newspapers and health/fitness and women's magazines. It will also include posters in gyms and health clubs around London.

The campaign is targeted at people who take part in sport or exercise and want to maintain optimum health and flexibility.

In addition, major health club chains will run a NeutraTaste Sportflex information and offer a



promotion to encourage trial.

For more information:

Seven Seas Ltd

Tel: 01482 75234.

Love is in the hair for Wella

Wella is investing £250,000 in a TV sponsorship deal for its Shaders & Toners temporary home hair colorant range.

The brand will sponsor CiTV's new teen comedy drama, *Girls in Love*, based on the books by Jacqueline Wilson.

Wella expects the brand's core target market of girls aged 11-13 to relate to the show which offers a comical insight

into the trials and tribulations of three teenage girls.

Branded programme 'bumper' credits will appear throughout the 13-week series which will be on air from April 1.

The initiative will be backed by eye-catching point of sale material to encourage trial and repeat purchase.

For more information:

Wella Great Britain

Tel: 01256 320202.

Picture this from Kodak

For the first time in the UK, Kodak Picture CD will feature in its own TV campaign this summer with a new commercial on air from June 21 to August 25.

The advertising is part of a £7 million promotional TV campaign for Kodak Pictures over key D&P periods during 2003.

Until April 17, Kodak is giving consumers the opportunity to try Kodak Picture CD for only £2 – a saving of £3 over the normal retail price.

Retailers can take advantage of a free point of sale kit.

For more information:

Kodak Ltd

Tel: 01442 261122.

Scriptlines

Suppositories are cool

Aventis Pharma has announced that Proctosedyl (cinchocaine and hydrocortisone) Suppositories should now be stored at 2 to 8°C in order to ensure long-term quality.

In addition, prescriptions should now be endorsed 'ZD'.

For more information:

Aventis Pharma

Tel: 01732 584000.

DT lists non-stick dressing

Coloplast's new hydrocolloid based wound contact dressing is now available on FP10.

Physiotulle, a knitted polyester net impregnated with petrolatum and carboxymethylcellulose (CMC), does not stick to wounds and reduces the risk of fibres being left in the wound.

Exudates that come into contact with the CMC form an emulsion, which ensures that the dressing does not dry out or stick to the wound bed.

The dressing can be left in place for two days and is indicated for superficial partial

thickness burns, donor sites, post-op wounds, skin abrasions, pressure sores and leg ulcers.

Price: see Price List

Coloplast

Tel: 01733 392000.

Jectofer to be discontinued

AstraZeneca will discontinue Jectofer (iron sorbitol) ampoules with effect from April 18 due to production problems.

Details of an alternative product can be obtained from AstraZeneca.

For more information:

AstraZeneca

Tel: 0800 7830033.

Oxis licensed for COPD

AstraZeneca's long-acting bronchodilator, Oxis Turbohaler (eformoterol), is now licensed for the relief of broncho-obstructive symptoms in patients with chronic obstructive pulmonary disease.

The normal dosage of Oxis for COPD is 12mcg once or twice daily. Additional actuations above those prescribed for the regular maintenance therapy

may be used for symptom relief.

However, frequent use, which is more than twice daily and/or more than two days per week of doses above normal maintenance treatment is a sign of suboptimal control and treatment should be reassessed.

For more information:

AstraZeneca

Tel: 0800 7830033.

MSD's 28-day pack for gout

Merck Sharp & Dohme has launched a 28-tablet pack of Arcoxia (etoricoxib) 120mg in addition to the existing seven-tablet pack.

Arcoxia 120mg is licensed for the treatment of acute gouty arthritis at a dose of one tablet daily for the acute symptomatic period only.

For more information:

MSD

Tel: 01992 467272.

Autopen 24 delay

The launch of Owen Mumford's insulin delivery pen for Aventis Lantus and Insuman 3ml cartridges has been put back slightly (*C&D*, February 22, p20). It

was expected to be available on the *Drug Tariff* from March 1, but the company now hopes to launch the product on May 1.

For more information:

Owen Mumford

Tel: 01993 812021.

Free glucose meter upgrades

After announcing that ExacTech blood glucose strips will be discontinued from May 2003, Abbott Laboratories says it will upgrade diabetics who use ExacTech blood glucose meters to MediSense Optium glucose meters for free.

Further details on p13.

Salivix recall

Provalis Healthcare is recalling a batch of Salivix Pastilles after it was found that some packs did not have a batch no and/or expiry date printed on them.

Pharmacists who have any of the affected packs (batch no 241, expiry date Dec 2004) should return them to their supplier, says Provalis.

For more information:

Provalis Healthcare

Tel: 01244 288 888.

When the heat is on

Pharmacists can be as useful as doctors in helping women under stress, believes London doctor Shirley Bond. She talks to **Adrienne de Mont** about her 'natural' approach to women's ailments

A long career treating women's disorders has convinced Dr Shirley Bond that young women under stress are more likely to suffer from a difficult menopause. Pharmacists can play an important part in advising them on diet and lifestyle, which can help premenstrual symptoms and health problems in later life.

"The pressures on young women today are astronomical," says Dr Bond. "They have to have good careers and be good wives, mothers, lovers and cooks. Any additional stress such as divorce or bereavement can be a final straw, as they are already functioning at their end point."

Stress leads the adrenal glands to work overtime, flooding the body with cortisol and adrenergic hormones. While these 'fight or flight' stimuli can be tolerated on an occasional basis, a constant stream can cause high blood pressure, narrowing of the arteries and upset the finely tuned endocrine system. Oestrogen/progesterone levels are thrown out of balance, leading to an early menopause or menopausal problems. The exact mechanisms are unknown but it is thought that, under stressful conditions, progesterone is channelled into making cortisol. Women under pressure also tend to smoke and drink more, with associated health risks.

A recent survey¹ found that 44 per cent of women aged 25-34 lead a "fairly stressful" life. Nearly a third of women aged 45-54 experienced a difficult menopause, with 56 per cent claiming to have had a fairly stressful life when younger.

But is it the pharmacist's place to encourage women to stop trying to over-achieve? "It is of little help to tell women that stress is self-inflicted, but the effect of stress relates to the way you respond to it," says Dr Bond. "Being aware that you are pushing yourself is a step towards doing something about it. Women should be encouraged to give themselves space occasionally, and to realise they don't need to be functioning at 100 per cent all the time."

"Pharmacists can be invaluable in advising



on the importance of a good, wholefood diet, avoiding junk food and pre-prepared meals where possible. Young women should not need to take vitamin and mineral supplements if they are feeling well, but I would certainly recommend an all purpose supplement for those who feel they are not coping as well as they ought to be. Nutritional deficiencies are much more common than people realise," says Dr Bond.

"Extra magnesium can be helpful for PMS, while women with heavy periods may need to boost their iron levels. Improving nutritional status can also help infertility problems."

Hair mineral analysis can indicate which supplements are most suitable. Although this procedure was fashionable in the 1980s, it fell into disrepute, but recent research shows it can be as reliable as blood tests, says Dr Bond.

Her evidence that stress leads to a difficult menopause has come from years of following up healthy young women who consulted her initially for contraceptive advice, and routine breast and cervical smears. Qualified in orthodox medicine, Dr Bond worked in general medicine and anaesthesia before becoming a GP. She set up in private practice 20 years ago to develop a wider approach to

treating women's health problems.

Dr Bond treats menopausal symptoms according to whether there is oestrogen dominance or deficiency, based on the symptoms women describe (see *overleaf*), backed by saliva testing. In oestrogen dominance, she prefers to prescribe natural progesterone (for example, Crinone gel) in the belief that it balances oestrogens throughout the body, unlike the synthetic progestogens that only protect against the harmful effects of oestrogen on the uterus.

For oestrogen deficiency she prescribes combinations of oestradiol, oestrone and oestriol. Oestradiol is a strong stimulating oestrogen that is important during the reproductive years, but carries greater risk of breast and uterine cancer later. After the menopause, women naturally make more oestriol than oestradiol, and the oestrogen is naturally balanced by progesterone.

"My great belief is that the menopause is a natural process. If these changes were unnatural, then it would make sense to restore hormone levels, but they should not automatically be replaced with the high levels

Continued on page 28 ▶

of synthetic chemicals found in HRT. Admittedly, many women have horrendous problems and do need help. But often this help can come from natural products and supplements."

Herbal alternatives that pharmacists might offer include Mexican wild yams for oestrogen dominance. For oestrogen deficiency symptoms, such as night sweats and hot flushes, plants containing high levels of phyto-oestrogens might be useful. The most common plant oestrogens are lignans (found in linseed) and isoflavones (in red clover extracts). Soy protein and black cohosh also contain phyto-oestrogens. Pharmacists could recommend vitamin and mineral supplements specifically formulated for the menopause and including vitamin E and magnesium.

Another area in which pharmacists can help is in osteoporosis prevention. "Osteoporosis shouldn't be treated just with calcium and vitamin D, but with a correct balance of boron, silica, magnesium and vitamin C as well," she says. "There is evidence, too, that omega-3-fatty acids can prevent the body from scavenging minerals from bone, as well as protecting against cardiovascular disease. Isoflavones can help bone health because they are phyto-oestrogenic."

Dr Bond is cautious about urine tests sold to measure DPD as an indicator of bone breakdown. "These are not very good for diagnosing osteoporosis, because they only tell you what is happening to bone metabolism at that time. If the test shows bone is breaking down, yes, it's important to alert the person. But someone can already have severe osteoporosis resulting from conditions in earlier life and, if the process has stabilised, the DPD test will be normal. So, for diagnosis, the urine test should be used in conjunction with bone mineral density screening. The advantage of DPD testing is that it can show improvements from osteoporosis medication in two to three months, whereas it can take two years for any benefit to show on a scan."

Reference:

1. Telephone Omnibus Survey among 526 women, May 2002, by Taylor Nelson Sofres.

Dr Bond carries out hair mineral analysis, saliva testing for hormone ratios, and other diagnostic testing for women at Harley Place Screening, 27 Harley Place, London W1G 8QF. Tel: 020 7323 2383. She has written fact sheets on menopausal problems, available on www.menop.org.uk

Imbalance symptoms

Oestrogen dominance

Premenstrual syndrome, insomnia, early miscarriage, painful or lumpy breasts, bloating, fluid retention, weight gain, cyclical headaches, anxiety

Oestrogen deficiency

Night sweats, hot flushes, depression, lethargy, vaginal dryness, memory problems

The facts about HRT

The charity Women's Health Concern says hormone replacement therapy is a common reason for women to seek its advice

Sometimes women phone because they cannot decide whether to take an HRT prescription to a pharmacy. Or they might have gone as far as getting the prescription dispensed but cannot decide whether to start taking the preparation. Other queries come from women who have taken HRT for under three months and do not feel any benefit, or they may be experiencing problems with the preparation they are on.

Women worry occasionally about HRT not being 'natural' and they may have heard that "you can get natural HRT from a healthfood shop". In the longer term, women might seek advice because they do not want to take HRT forever, or the doctor wants them to stop after 10 years. In particular, they may worry about long-term health risks such as breast cancer or health scares reported by the media.

WHC gives advice through a helpline managed by nurse counsellors, and a website offers a confidential question-answering service. While many women with questions about HRT need advising to go back to the doctor, there are occasions when WHC might suggest asking the local pharmacist for more information.

Another way pharmacists can help, says WHC, is advising women when to take certain medicines. For example, women have phoned WHC after being prescribed mefenamic acid and tranexamic acid for menorrhagia, and have not thought to ask the pharmacist if they should take both together during the three to four days of heavy bleeding.

Women of all ages, from 16 to over 80, contact WHC or men phone on behalf of their partners or daughters. Usually it is for information they were unable to get through

Websites for women

- www.womens-health-concern.org: unbiased information on the most common gynaecological conditions.
- www.lactacydfemina.co.uk: GSK sponsored website on intimate healthcare.
- www.nmas.org.uk: advice on natural ways to combat menopausal symptoms. Sponsored by Wassen International. Fact sheets are also available by sending a large SAE to PO Box 71, Leatherhead, Surrey KT22 7DP.
- www.thrushadvice.org: sponsored by Diflucan One.
- www.accessiblemedicine.co.uk: website for health professionals and patients. Thrush is included in the "What if..." section on common illnesses. Sponsored by Alpharma.

"Men phone on behalf of their partners"

normal channels, or about embarrassing problems such as vaginal dryness, loss of libido, incontinence and bowel complaints.

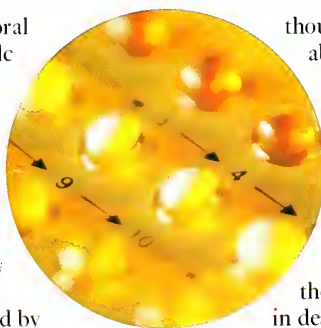
Women may phone because they are wary of challenging their doctor or because a gynaecologist's advice needs further clarification. Occasionally they are worried about conflicting stories in the media.

Besides HRT, questions about premenstrual syndrome are common, as well as those relating to surgery; for example, a woman may have been told she needs a hysterectomy and wants a second, impartial opinion about whether there are alternatives.

Change of status for the Pill?

Most pharmacists do not think oral contraceptives should be available from pharmacies without a woman needing to consult her doctor first. But nearly two-thirds of those questioned were in favour of these drugs being available once a GP had approved the initial supply.

Over 100 pharmacists recently took part in an online survey on women's health issues, conducted by IMS IntraPharmQ exclusively for C&D. The results showed that 87 per cent of those questioned opposed oral contraceptives becoming P medicines without the need for GP input. But 63 per cent were in favour of pharmacy-supervised supply after an initial GP consultation. Of this group, most (42 per cent)



thought a pharmacist should be able to supply the drugs for 12 months before referring the patient back to the GP; 36 per cent thought six months a more suitable time. Three per cent thought pharmacy-supervised supply should continue indefinitely.

Other questions highlighted the role dietary supplements play in dealing with women's ailments.

About three-quarters of the pharmacists recommended supplements for menopausal symptoms and premenstrual syndrome. And for both conditions 71 per cent of women reported favourable results.

Continued on page 30 ►



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What women want from a nutritional supplement

Women want to be slim, energetic, glowing in their skin, hair and nails, tanned, happy, confident, young and rich... or so they say.

Health Perception asked three groups of women, aged 25-34, 35-44 and 45-59, what they wanted from a nutritional supplement. Weight loss was the over-riding desire, but women acknowledged that they would need to combine a slimming product with eating less and taking more exercise, which they were unwilling to do.

All three groups wanted more energy. The older women wanted to feel less sleepy in the evenings after work, rather than changing into a dressing gown ready for bed. Younger women wanted energy to keep up with their children. They all wanted to be more mentally alert, with the ability to remember, sparkle and react quickly.

All ages wanted to radiate good health, with shiny hair, strong nails and blemish-free skin -

although none seemed worried about wrinkles.

There was limited awareness of supplement ingredients and what they do. The women wanted to know the benefits rather than the ingredients. They were familiar with standard vitamins and

minerals, antioxidants, glucosamine, St John's Wort, evening primrose and fish oils. They were unfamiliar with silicon (confused with silicone implants), isoflavones, biotin, collagen (other than collagen implants) and echinacea.

Price was not an issue if they were happy with a product. However, the women were selected for the discussion groups on the basis that they would be prepared to spend £10 a month on supplements, so were not representative of the market as a whole. There was a suspicion that more expensive products were no better, and the way to achieve the desired state was to eat less, drink less alcohol, get more sleep and exercise more. While appreciating that supplements alone could not achieve this, they were ever hopeful!

Health Perception used the qualitative research when developing the Top Santé range.

Well informed

Women regard supplements as preventative, whereas men tend to wait until they have a problem before they consider a purchase, says Peter Morton, Vitabiotics' brand manager for Wellwoman.

"Women are better informed about supplements and nutrition generally, mainly because of intensive coverage in magazines and other media targeting them," he says.

Scare stories about HRT have prompted many women to seek natural solutions to menopausal symptoms.

Sizing up the women's market

Some market statistics from Vitabiotics:

- the menopause VMS market is worth over £1.8 million. Through Menopace, the company continues to support Wellbeing (menopause leaflet on 020 7772 6400) and the Menopause Amarant Trust (helpline 01293 413000)
- the market for prenatal supplements, including folic acid, is worth over £5.5m
- the calcium supplements market is worth over £9.5m. The new Osteocare Fizz, being supported by press and poster advertising, is

expected to appeal to women who are not traditionally calcium users but who might benefit, such as pregnant and breastfeeding women, or those on low calcium or dairy diets.



"The older women wanted to feel less sleepy in the evenings after work"

No more head scratching over intimate irritation

Three-quarters of women experience mild intimate irritation - itching and soreness in the external vagina area - at least once in their lifetime.

Yet 71 per cent of women aged 15-24 do not know what intimate irritation is, a survey for GlaxoSmithKline Consumer Healthcare has shown. The research suggests that many

women may be unaware of possible sources of irritation - 47 per cent still use soap to cleanse intimate areas, while 35 per cent use shower gel and 26 per cent use body wash.

Just over half the intimate irritation sufferers (55 per cent) seek advice from nurses and GPs, while 48 per cent buy a product from a pharmacy. Three-quarters of sufferers are not aware of the benefits of lactic acid in maintaining an acidic environment that is hostile to harmful bacteria.

The body's natural flora, *lactobacilli*, create an acidic environment of hydrogen peroxide and lactic acid. External triggers such as soap, over washing and tight clothing can disturb this healthy pH balance, as can hormonal fluctuations such as periods and the menopause. Antibiotics, which kill the normal bacterial flora, can compound an already weakened condition.

GSK believes that the informative and sympathetic advice in a pharmacy is critical to the success of products such as Lactacyd Femina. Another advantage is that pharmacy assistants, who are mostly female, can help in customer communication. Products should be sited adjacent to sanitary protection.



"This year consumer support for Lactacyd Femina is likely to include women's press advertising and sampling, with a new focus on mothers. The key audiences for health professional advertising will be practice nurses, midwives and health visitors

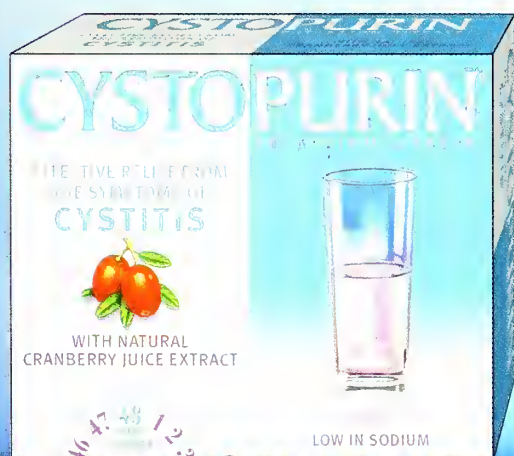


Continued on page 32

Roche

Consumer Health

Putting Women's Health First



The Number 1^{***} selling and fastest growing cystitis remedy in the UK

The only remedy flavoured with natural cranberry juice extract

Low in Sodium - benefit



Number 1^{***}



The Number 1^{***} period pain product containing Paracetamol, Codeine and Hyoscine

The only product in the market specifically formulated for period pain

For fast relief from period pain and cramps

Feminax

Presentation: Tablet containing paracetamol (500mg), codeine phosphate (8mg), hyoscine hydrobromide (0.1mg), Caffeine Hydrate (=equivalent to anhydrous caffeine 50.00mg).
Uses: For the relief of period pain.
Dosage and administration: Adults and girls over 12 years: Up to 2 tablets every 4 hours. Not more than 6 tablets in 24 hours.
Warnings and precautions:
Contraindications: Hypersensitivity to any

of the constituents. Glaucoma.
Precautions: Use with caution in the presence of renal or hepatic dysfunction. The hazards of overdose are greater in those with non-cirrhotic alcoholic liver disease. Codeine is a narcotic analgesic. Tolerance, psychological and physical dependence may occur at high doses.
Interactions: In cases of paracetamol overdose, liver microsomal inducing agents such as barbiturates, tricyclic antidepressants,

and alcohol may increase the hepatotoxicity of paracetamol. Avoid alcohol.
Effects on Ability to drive and use machines: May cause drowsiness. If affected do not drive or operate machinery.
Pregnancy and lactation: Feminax is unlikely to be taken during pregnancy. May be used in lactation.
Side effects: Hypersensitivity including skin rash may occur with paracetamol. Codeine may sometimes cause constipation. Hyoscine

may produce dryness of mouth and temporary loss of accommodation. High doses of caffeine may cause tremors and palpitations.
Prices (excluding VAT): 52.55
Legal category: P
Product Licence number: 005/17/11
Product Licence Holder: Roche Consumer Health Ltd, 40 Broadwater Road, Welwyn Garden City, Hertfordshire, AL2 3AX
Date of preparation: 29 March 2002

^{***} Source: AC Nielsen Value Sales & growth 52 w/e April 2002

^{**} Source: Information Resources 52 w/e 29 December 2002 - Total GB

^{***} Source: Information Resources Value Sales 52 w/e December 2002

Roche

Always read the label

Cystitis sufferers do it themselves

Cystitis sufferers are increasingly dealing with their condition with the help of a pharmacist, rather than consulting a GP.

Sufferers are also becoming more likely to self-medicate as products move from P to GSL and become available on self-selection or even through grocery outlets.

Over 50 per cent of women will suffer from cystitis at some time in their lives and a third of these will consult a pharmacist about treatment.

Bayer Consumer Care says this

highlights the importance of the pharmacist's input, as 88 per cent of sufferers choose their treatment following recommendation.

There is no evidence

that OTC market growth is a result of people suffering more virulently from cystitis; the reason is more likely to be increasing self-medication.

Bayer Consumer Care is continuing to drive pharmacy recommendation for Cymalon Oasis in 2003, after the product showed 12 per cent

value growth last year.

Roche Consumer Health says the cystitis remedy market is worth over £4.2 million and growing at 5 per cent year on year. The company is working on a new project with Wellbeing, the health research charity for women and babies, and the

Top 3 brands through pharmacy

- 1 Cymalon
- 2 Canesten Oasis
- 3 Cystopurin

May to December 2002 Source: Taylor Nelson Sofres Counterpoint

cystitis expert Angela Kilmartin, developing educational materials to build cystitis awareness.

The above is based on data collected from 300 community pharmacies,

regionally representative and expanded to portray pharmacy as a whole, excluding Boots. TNS Counterpoint has found that 47 per cent of business in the cystitis market is generated through recommendation by a pharmacist or assistant.

"Sufferers are more likely to self-medicate"



After acquiring Cymalon last year, Thornton & Ross claims to be investing heavily in promotional support and new product development. Above is a new show card



Kira Ltd has extended its herbal medicine range with the introduction of new Kira Agnus Castus. The range, which includes Kira St John's Wort and Kira Black Cohosh, has recently been re-packaged. Call Chemist Brokers on 02392 222500

Half-hearted about health?

Recent research suggests that women are ignoring health advice or are letting their health fall by the wayside because they are too busy.

In a nationwide survey of 700 women, carried out last year for Canesten, 59 per cent admitted they did not look after their health as much as they would like. This was especially true among 18-24 year olds, of whom over one quarter admitted to buying a gym membership but hardly ever attending. And even if they did work out, they were likely to reward themselves with



chocolate or a glass of wine.

Another survey, for Lactacyd Femina, found that more than one in five women in the UK have never performed breast self-checks and over one in four last had a cervical smear over five years ago. Nearly one in four women aged 35-44 did breast checks less than twice a year, despite NHS recommendations that all women perform checks at least once a month and have a cervical smear at least once every three to five years.

Treat thrush correctly first time

Three out of four women will suffer from thrush at some point in their lives, averaging two or three bouts a year, according to Bayer Consumer Care.

Most women (91 per cent) who suffer from external symptoms will also have an internal thrush infection. Yet only a fifth bother to treat the condition both inside and out. This half-measure means they run the risk of their condition recurring.

A recent Canesten survey found that

the leading such reason they have for not looking after their health in this situation they are likely to need repeated attacks of thrush if they do not treat the condition properly the first time round.

Pharmacists have a key role in stressing the importance of both internal and external treatments, says Bayer.

The thrush treatments market is the fifth fastest growing OTC category in pharmacy. The company believes that last year's launch of Canesten Complete - a pack of internal and external creams - as well as consumers trading up to the 2 per cent cream from 1 per cent, helped increase Canesten's total value through pharmacy by 7 per cent.

Top 5 anti-fungal thrush treatments in pharmacies

- | | |
|--------------------|---------------------|
| 1 Diflucan One | 4 Canesten Once |
| 2 Canesten Combi | 5 Canesten Complete |
| 3 Canesten pessary | |

Value sales 52 weeks ending December 29, 2002, £19,228,000 (£18,493,000 December 30, 2001). Source: Information Resources

Promotions

● Canesten is celebrating its 30th birthday this month, so Bayer Consumer Care is promising an action packed year supporting the range through trade and consumer channels.

● The Thrush Advice Bureau, sponsored by Diflucan One (tel:020 7285 5520), offers consumer leaflets and a letter response service from Dr Angela Robinson, consultant in sexual health, University College London.

Leaflets for pharmacy staff, and consumer leaflets for display in pharmacy, are available from the Pfizer Consumer Healthcare Advisory Bureau (tel:02380 628274).

To create awareness of Diflucan One's indication for associated penile thrush, a pharmacy leaflet for men aims to help reduce the embarrassment which surrounds the condition. ☺

Cetraben® Emollient Cream sponsors the 'afternoon movie on five'

For the first time, Cetraben Emollient Cream will be promoted on TV. Nationwide TV audiences will be reminded this year of Cetraben, boosting confidence in the brand (currently growing at 190%)*.

Sponsorship of the 'afternoon movie on five' will pull customers through your door and increase your profits.

So make sure that you order enough Cetraben to be able to satisfy demand and remember the 14/12 deal.

It's enough to make you want to
stock up now.

*BPI. MAT. October 2002

Further information from: Medical Information, Sankyo Pharma UK Limited, Repton Place,
White Lion Road, Amersham, Amersham, Bucks. HP7 9LP. Cetraben® is a registered trademark. CTF0301T SANKYO



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General classified £18.00 P.S.C.C. + VAT minimum 3x2.

Box Numbers £15.00 extra. Available on request. Copy date noon Tuesday prior to Saturday publication.

Cancellation deadline 10am Friday; one week prior to insertion date. All cancellations must be in writing.

Contact Debra Thackeray, Chemist & Druggist (Classified), CMP Information Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW. Telephone 01732 377493, Fax: 01732 377179. Internet: <http://www.dotpharmacy.co.uk>



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Chemist & Druggist's web site – www.dotpharmacy.co.uk – has introduced a service that offers pharmacists free legal advice from a leading solicitors' firm.

The service – dotLaw – is being run with the co-operation of Charles Russell, whose specialist legal fields include pharmacy matters.

Pharmacists are advised to e-mail their questions to – pharmlaw@cmpinformation.com – along with their full name and the name of their pharmacy. The latter two details are for C&D's records only – pharmacists' identities will be kept anonymous when the answers are published.

All the questions and Charles Russell's replies, which will be available in two working days, will appear on a new dotPharmacy page called dotLaw.

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Dr Mandeep Mudhar

Mandeep Mudhar has been appointed director of marketing at AAH Pharmaceuticals. Dr Mudhar joined the company in 1998 as professional services manager, and was most recently marketing manager.

In the new role, he will continue to develop the medicines management programme, Vantage Health Watch, along with the management of the Vantage brand and AAH Pharmaceuticals' ethical marketing programme, in addition to assuming responsibility for trade marketing.

NICPPET has announced three new faces. **Fran Cassidy** has been appointed assistant director for distance learning with responsibility for the Centre's book-based and e-learning activities. **Anne Schweizer** is working on live

education and training, while **Julie Jordan** has been appointed as co-ordinator for education and training for pharmacy technicians in Northern Ireland.

Bayer has appointed **Lambert Courth** as the new country speaker and managing director of Bayer plc, for the UK and Ireland. He replaces **Lennart Aberg** who has retired after 10 years in the role. Mr Courth joins from Haarman & Reimer, a producer of fragrances and flavours, and until recently, part of the Bayer group of companies.

Bayer has also announced that a member of the board of management, **Werner Spinner**, is to leave the company at the end of February for personal reasons.

Are you up for having a ball?

Could you dance all night? If so, why not go along to one or both of two charity balls we have been alerted to with pharmacy connections.

The first to take place will be a fundraising ball being organised by Rebecca Chamoto. Now a PhD research pharmacist studying medicines management at the School of Pharmacy, University of London, she recently completed a Masters degree in international health management at Imperial College. The thesis explored the Zimbabwean health system's HIV/AIDS programmes.

To celebrate her graduation, she wants to raise funds for the Mbizi Children Fund to help benefit AIDS orphans in rural Zimbabwe.

Dr Margaret Johnson from GlaxoSmithKline's Positive Action Programme will be the guest speaker at the ball which takes place on March 22 at the Hilton, London Docklands.

Tickets are £35 per head. Further information is available from Rebecca on 020 7753 5839 or by e-mail at: rebecca.chamoto@ams1.ulso.ac.uk.

Later this year, the famous Rose Ball will take place in Harrogate on June 7. Joyce Kearney, an honorary life member of the British Pharmaceutical Students' Association, and her husband David are event co-ordinators for the ball which raises funds for the Cerebral Palsy Children's Charity.

Over the years there have been many pharmacy attendees, with the BPSA often sending a delegation to make the party go with a swing.

In addition, this year, Joyce says: "We are pleased to welcome back, by popular demand, the internationally acclaimed show-stopping band, The Real Abba Gold."

Tickets are £65 and accommodation can be arranged at the Majestic Hotel. Further information is available from Joyce on 01422 825152.

Scrum down, gmmrr ... and gargle

For all those fans of a real sport where boots in faces regularly happen on the field and not just in the Man United changing room, rugby has few equals.

But getting your sponsor's message across has risen to new heights, with the latest marketing play by Listerine. While the crowd may be able to see the sponsor's name on the shirts of players or around the perimeter of the pitch, Listerine seems to be advertising to people who will only really be able to read it when in a scrum.

Yes, Listerine is sponsoring that essential piece of kit, the mouthguard. In addition, the Staines 1st XV are now swilling their mouths with Teeth and Gum Defence Listerine. As the sponsor



Say cheese: The Staines 1st XV model their latest of piece of kit

puts it: "Not only does it strengthen teeth and gums, but it kills off the bacteria in the mouth that cause bad breath, making life (and the rugby pitch) a bit sweeter.

After all, rugby is a gentleman's game." We wonder if the antiseptic properties will do anything for scrum pox - anyone fancy a research project?

Winning with wintery windows

With spring in the air and overcoats lingering on their hangers, it is difficult to think that winter still has three weeks to run.

But for those of you who entered the Benylin winter window competition, we can announce that the winners have been selected. Cast your minds back to October when the competition was announced. Pharmacies were asked to dress their window for the winter cough, cold and flu season. Benylin says the competition attracted a high calibre of entries.

Nichola Polan from Rossett Pharmacy, Wrexham, North Wales, Mr and Mrs Mistry of Lancewise Chemist, Burnage, Manchester and Carol Woodend, of the Whitworth Pharmacy, Helmshore, Lancashire were judged the winners of the competition. Each has received a breakfast set.

This was not Nichola's first window win, she was successful in a Benadryl competition too.



One of the successful entries. Benylin says the calibre of entries was very high

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